## SpecWriter Data

Form Version:10/13/2017 2:08:23 PMReport Type:Full DetailProject Database:WESSQL6.MEPS\_V2Language:English

Spec Label:

This is the cover page. Additional contents currently project specific.

| MEPS_V2<br>Full Detail Spec |                            |                                  | Old Public Related Insurance (PR) Section  |  |  |  |
|-----------------------------|----------------------------|----------------------------------|--|--|--|--|
| <u>BOX 00</u>               | <u>(PR1005)</u>            | Item Type: Route                 | Type Class: If Then  |  |  |  |
| Route Details:              | BOX_90, BO                 | x_100, BOX_110, BOX_120, BO      | 0, BOX_40, BOX_50, BOX_60, BOX_70, BOX_80,<br>DX_130, BOX_140, BOX_150, BOX_160, BOX_<br>10, BOX_220, BOX_ 230, BOX_240                      |  |  |  |
|                             | 02 Loop= LO                | OP_10                            |  |  |  |  |
|                             | 03 End Loop= END_LP10      |                                  |  |  |  |  |
|                             | PR110, PR13<br>PR260_01, P | 0, PR140, PR150_01, PR160_0      | ), PR30, PR40, PR50, PR70, PR80, PR90, PR100,<br>1, PR170, PR180, PR190, PR210, PR240, PR250,<br>1, PR310_01, PR320_01, PR330, PR340, PR350, |  |  |  |
|                             | 09 -Multi sel              | ect with Display Roster = PR28   | 0_01, PR380  |  |  |  |
|                             | 10 Multiple S              | Select with Fill in Answer Text= | = PR220  |  |  |  |
|                             | 17 Dollar Ite              | ms Allowing Cents= PR60, PR1     | 20, PR230, PR390   |  |  |  |
|                             | 20 OS Text F               | ield= PR70OS, PR130OS, PR24      | 0OS, PR400OS   |  |  |  |

23 Text Field= PR20, PR200, PR360

| MEPS_V2<br>Full Detail Spec |  |  |                                      | Old Public Related Insurance (PR) Section  |  |  |
|-----------------------------|--|--|--------------------------------------|--|--|--|
| <u>BOX 10</u>               | <u>(PR1010)</u>  | Item Type:                                     | Route                                | Type Class: If Then  |  |  |
| Route Details:              |  | <b>ader display instr</b><br>ion.FullName, Ins |                                      | ISrcName   |  |  |
|                             | General Display Instructions for Question Text:<br>For '{START DATE}', display the RU level reference period start date (typically-but not<br>always Jan 1 if Round 1 or the previous round interview date if Rds 2-5). Display as full<br>month, xx, YYYY - e.g., "January 1, 2016". Use variable BegRefDt.<br>For '{END DATE}', display the RU level reference period end date (typically but not always |  |                                      |  |  |  |
|                             | current round interview date if Rds 1-4 or Dec 31 if Round 5). Display as full month, xx,<br>YYYY - e.g., "January 1, 2016". Use variable EndRefDt.<br>For '{PERSON'S START DATE}', display the person level reference period start date.<br>Display as full month, xx, YYYY - e.g., "January 1, 2016". Use variables Person.BegRefM,  |  |                                      |  |  |  |
|                             | For '{PERSO<br>as full mont  |  | display th<br>"January               | e person level reference period end date. Display<br>1, 2016". Use variables Person.EndRefM,   |  |  |
|                             | the variable<br>if Insurance<br>using Insura   | 'Insurance.Insur<br>Insurer=RF or dis          | er', displa<br>splay "Do<br>de PR170 | ruction provided at the item level, for any fill using<br>y the text entry stored or display "Refused Insurer"<br>n't Know Insurer" if Insurance.Insurer=DK. Items<br>, PR210, PR230, PR240, PR240OS, PR250, PR330,<br>0, PR420. |  |  |

| <u>BOX_20</u>  | <u>(PR1015)</u>          | Item Type: Route | Type Class: If Then   |
|----------------|--------------------------|------------------|---|
| Route Details: | (Insurance.H<br>LOOP_10. |                  | icare during the previous round<br>e.OrigRnd<>Current round), continue with |

| MEPS_V2<br>Full Detail Spec |                 |  | Old Public Related Insurance (PR) Section   |
|-----------------------------|-----------------|--|---|
| LOOP 10                     | <u>(PR1020)</u> | Item Type: Route   | Type Class: Begin Loop  |
|                             |                 |  |   |
| <b>Route Details:</b>       | For each ins    | surance, ask PR10-END_LP10.                                    |   |
|                             | •               | -  | tion about the coverage provided through at meets both of the following conditions: |
|                             | • E             | stablishment is Medicare (Insu                                 | rance.HISrc=Medicare) and   |
|                             |                 | erson was covered by Medicare<br>surance.OrigRnd<>Current rour | e at anytime during the previous round nd).   |
|                             |                 |  |   |

| <u>PR10</u>      | <u>(PR1025)</u> | BLAISE NAME: MAMCPlan |            |                    |  |
|------------------|-----------------|-----------------------|------------|--------------------|--|
| Item Type:       | Question        | Field kind: Datafield | ArrayMin:  | Min value:         |  |
| Type Class:      | Enumerated      | Field Size:           |            |                    |  |
| Answer Type:     | TYESNO          | Answers allowed: 1    | ArrayMax:  | Max value:         |  |
| ✓ Help Available | (CAREMANAGEI    | Help) Show            | v Card ( ) | □ Look Up File ( ) |  |

**Context Header:** {PERSON'S FIRST MIDDLE AND LAST NAME}

#### **Question Text:**

{{Are/Is} {you/{PERSON}} currently/As of {PERSON'S END DATE}, {were/was} {you/{PERSON}}} enrolled in a Medicare Advantage or managed care plan, such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization) to receive {your/his/her} Medicare-funded health care? When answering, please include only insurance from Medicare, not any privately purchased or job-related insurance.

| Responses: | YES 1         | PR20 | (PR1030) |
|------------|---------------|------|----------|
|            | NO            | PR90 | (PR1070) |
|            | REFUSED RF    | PR90 | (PR1070) |
|            | DON'T KNOW DK | PR90 | (PR1070) |

| Display<br>Instructions:                          |   | } {you/{PERSON}} currer<br>vere/was} {you/{PERSON           |                      |              | play 'As of {PERSON'S | 5 |
|---|---|---|----------------------|--------------|-----------------------|---|
| Testing/Editing<br>Notes:                         |   | d at MEPSSpring2018.HX<br>t MEPSSpring2018.HX_M             |                      |              |                       |   |
| Item Type:  | ( <b>PR1030</b> )<br>Question<br>String | BLAISE NAME: MAM<br>Field kind: Datafield<br>Field Size: 25 | CPlanName<br>ArrayMi | n: Mi        | n value:              |   |
| Answer Type:                                      | •                                       | /er.} Answers allowed: 1                                    | ArrayMa              | x: Ma        | ax value:             |   |
| Help Available (                                  | )                                       | □ Show Card (   | )                    |              | □ Look Up File (      | ) |
| Context Header:                                   | {PERSON'S FIR                           | ST MIDDLE AND LAST  | NAME}                |              |                       |   |
| Question Text:                                    |   |   |                      |              |                       |   |
| What {is/was} the na<br>DATE}}?<br>ENTER PLAN NAM |   | SON}'s} Medicare manage                                     | ed care plan         | {as of {PE   | ERSON'S END           |   |
| Responses:  |   |   |                      | PR30         | (PR1035)              |   |
| -   | REFUSED<br>DON'T KNOW                   |   |                      | PR30<br>PR30 | (PR1035)<br>(PR1035)  |   |
| Programmer<br>Instructions:                       | Set Insurance.Ins                       | surer to PR20.  |                      |              |                       |   |
| Display<br>Instructions:                          |   | round 5. Display 'was' if ro                                |                      |              |                       |   |
| Testing/Editing                                   | Variable collecte                       | 'ERSON'S END DATE}' i<br>d at MEPSSpring2018.HX             | _Main.PR_M           | /lain.PR_M   | /AMCLoop[125]         |   |
| Notes:  | Variable stored a                       | t MEPSSpring2018.HX_M                                       | lain.PR_Mai          | n.PR_MA      | MCLoop[125]           |   |

| MEPS_V2<br>Full Detail Spec |   |   | Old Public       | Related Insurance (PR) Section |  |  |  |
|-----------------------------|---|---|------------------|--------------------------------|--|--|--|
| <u>PR30</u>                 | <u>(PR1035)</u>   | <b>BLAISE NAME:</b> MAMO  | Pmed             |                                |  |  |  |
| Item Type:                  | Question  | Field kind: Datafield   | ArrayMin:        | Min value:                     |  |  |  |
| Type Class:                 | Enumerated  | Field Size:   |                  |                                |  |  |  |
| Answer Type:                | TYESNO  | Answers allowed: 1  | ArrayMax:        | Max value:                     |  |  |  |
| Help Available (            | )   | $\Box$ Show Card (  | )                | Look Up File ()                |  |  |  |
| Context Header:             | {PERSON'S I   | FIRST MIDDLE AND LAST 1   | NAME}            |                                |  |  |  |
| Question Text:              |   |   |                  |                                |  |  |  |
|                             |   | <pre>} have prescribed medicine co<br/>naged care plan} {as of {PERS</pre>                      | • •              |                                |  |  |  |
| Responses:                  |   | W   | 2<br>RF          |                                |  |  |  |
| Programmer<br>Instructions: |   | ontinue with PR40.<br>to END_LP10.  |                  |                                |  |  |  |
| Display<br>Instructions:    | Display '{NA  | Does}' if not round 5. Display<br>ME OF PLAN FROM PR20}'<br>} Medicare managed care plan<br>W). | if a plan name v | vas entered at PR20. Display   |  |  |  |
|                             | Display the actual plan name entered at PR20 for 'NAME OF PLAN FROM PR20' if a plan name was entered. |   |                  |                                |  |  |  |
|                             | Display 'as of  | {PERSON'S END DATE}' if   | round 5. Otherv  | vise, use a null display.      |  |  |  |
| Testing/Editing<br>Notes:   |   | ected at MEPSSpring2018.HX_<br>ed at MEPSSpring2018.HX_M  |                  |                                |  |  |  |

| MEPS_V2          |                 |                       | Old Public Related Insurance (PR) Section |                  |   |  |
|------------------|-----------------|-----------------------|---|------------------|---|--|
| Full Detail Spec |                 |                       |   |                  |   |  |
| <u>PR40</u>      | <u>(PR1040)</u> | BLAISE NAME: MAMO     | CPayPrem                                  |                  |   |  |
| Item Type:       | Question        | Field kind: Datafield | ArrayMin:                                 | Min value:       |   |  |
| Type Class:      | Enumerated      | Field Size:           |   |                  |   |  |
| Answer Type:     | TYESNO          | Answers allowed: 1    | ArrayMax:                                 | Max value:       |   |  |
| ✓ Help Available | e (PREMPAYHelp) | □ Show C              | Card ( )                                  | □ Look Up File ( | ) |  |
| Context Header:  | {PERSON'S FIR   | ST MIDDLE AND LAST    | NAME}                                     |                  |   |  |

#### **Question Text:**

Most Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, {do/does}{you/{PERSON}} (or anyone in the family) pay anything else for {the coverage with {{NAME OF PLAN FROM PR20}/ this Medicare managed care plan}?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

| <b>Responses:</b>         | YES 1 PR50 (PR1045)  | ) |
|---------------------------|--|---|
|                           | NO   | ) |
|                           | REFUSED RF END_LP10 (PR1105)   | ) |
|                           | DON'T KNOW DK END_LP10 (PR1105)  | ) |
| Display<br>Instructions:  | Display 'the coverage with {NAME OF PLAN FROM PR20}' if a Medicare plan nam<br>entered at PR20. Display 'this Medicare managed care plan' if PR20 was coded 'RF'<br>(REFUSED) or 'DK' (DON'T KNOW).<br>Display the actual plan name entered at PR20 for 'NAME OF PLAN FROM PR20' if a<br>name was entered. |   |
|                           |  |   |
| Testing/Editing<br>Notes: | Variable collected at MEPSSpring2018.HX_Main.PR_Main.PR_MAMCLoop[125]<br>Variable stored at MEPSSpring2018.HX_Main.PR_Main.PR_MAMCLoop[125]  |   |

| MEPS_V2                                 |                                      |  | Old Pu           | blic Related Ins  | urance (PR) Section |
|---|--------------------------------------|--|------------------|-------------------|---------------------|
| Full Detail Spec                        |                                      |  |                  |                   |                     |
| <u>PR50</u>                             | <u>(PR1045)</u>                      | <b>BLAISE NAME:</b> MAN                          | <b>ICHowPaid</b> |                   |                     |
| Item Type:                              | Question                             | Field kind: Datafield                            | ArrayMi          | n: Min valu       | ie:                 |
| Type Class:                             | Enumerated                           | Field Size:                                      |                  |                   |                     |
| Answer Type:                            | THOWPAYMCA                           | RE Answers allowed:                              | ArrayMa          | x: Max valu       | ue:                 |
| □ Help Available (                      | )                                    | $\Box$ Show Card (                               | ( )              |                   | Look Up File ( )    |
| Context Header:                         | {PERSON'S FIF                        | RST MIDDLE AND LAST                              | NAME}            |                   |                     |
| Question Text:                          |                                      |  |                  |                   |                     |
| How {do/does} {you<br>care} premium?    | u/{PERSON}} pay                      | y for {your/his/her} {{NA                        | ME OF PLAN       | FROM PR20}/       | Medicare managed    |
| IF NECESSARY, S. paid directly to the p |                                      | are Advantage premium pa<br>oth ways?            | id through {ye   | our/his/her} Soci | al Security check,  |
| Responses:                              | DEDUCTED FR                          | ROM SOCIAL SECURITY                              | 7 1              | PR60              | (PR1050)            |
| -                                       | PAY DIRECTL                          | Υ  | 2                | PR60              | (PR1050)            |
|   | BOTH                                 |  | 3                | PR60              | (PR1050)            |
|   | REFUSED                              |  | RF               | END_LP10          | (PR1105)            |
|   | DON'T KNOW                           |  | DK               | END_LP10          | (PR1105)            |
| Display<br>Instructions:                |                                      | E OF PLAN FROM PR20<br>re managed care' if PR20  |                  |                   |                     |
|   | Display the actua<br>name was entere | al plan name entered at PR<br>cd.                | 20 for 'NAM      | E OF PLAN FRO     | OM PR20' if a plan  |
| Testing/Editing<br>Notes:               |                                      | ed at MEPSSpring2018.H<br>at MEPSSpring2018.HX_1 |                  |                   |                     |

| MEPS_V2<br>Full Detail Spec |   |                |                 | Old Pul      | olic Related Insu | rance (PR) Sec       | ction |
|-----------------------------|---|----------------|-----------------|--------------|-------------------|----------------------|-------|
| Puil Detail Spec            | <u>(PR1050)</u>   | BLAISE NA      | <b>МЕ•</b> МАМС | CovaAmt      |                   |                      |       |
| Item Type:                  | Question  | Field kind:    |                 | ArrayMir     | n: Min value      | e: 0                 |       |
| Type Class:                 | Real  | Field Size:    |                 |              |                   |                      |       |
| Answer Type:                | {Continuous Answe   | r.} Answers    | allowed: 1      | ArrayMa      | x: Max valu       | <b>e:</b> 9999999.99 |       |
|                             |   |                |                 |              |                   |                      |       |
| Help Available (            | )   |                | how Card (      | )            |                   | Look Up File (       | )     |
| Context Header:             | {PERSON'S FIRS  | T MIDDLE A     | AND LAST N      | NAME}        |                   |                      |       |
| Question Text:              |   |                |                 |              |                   |                      |       |
|                             | t/{PERSON}'s} Soci<br>NAME OF PLAN FR                       |                |                 | does} {you   | {PERSON}} pay     | y in premiums}       |       |
| IF RESPONDENT I             | S NOT SURE, DO N  | NOT PROBE.     | CODE 'DO        | N'T KNOW     | <i>.</i>          |                      |       |
| ENTER AMOUNT                |   |                |                 |              |                   |                      |       |
| Responses:                  |   |                |                 |              | PR70              | (PR1055)             |       |
| -                           | REFUSED   |                |                 | RF           | PR80              | (PR1065)             |       |
|                             | DON'T KNOW  |                |                 | DK           | PR80              | (PR1065)             |       |
| Programmer<br>Instructions: | Allow for an entry  | of dollars and | d cents.        |              |                   |                      |       |
| Display<br>Instructions:    | Display PR60, PR70  | ) and PR70OS   | on the same     | e form pane  |                   |                      |       |
|                             | Display 'is {your/{<br>FROM SOCIAL S<br>PR50 is coded '2' ( | ECURITY'. I    | Display {do/d   | loes} {you/{ |                   |                      | ГED   |
|                             | Display '{NAME (<br>Otherwise (i.e., if )<br>display.       |                |                 |              |                   |                      |       |
|                             | Display the actual name was entered.                        | plan name en   | tered at PR20   | ) for 'NAMI  | E OF PLAN FRO     | M PR20' if a pl      | an    |
| Testing/Editing<br>Notes:   | Variable collected<br>Variable stored at                    |                |                 |              |                   |                      |       |

| MEPS_V2               |  |  | Old Pul      | olic Related In        | surance (PR) Sect | tion |
|-----------------------|--|--|--------------|------------------------|-------------------|------|
| Full Detail Spec      |  |  |              |                        |                   |      |
| <u>PR70</u>           | <u>(PR1055)</u>                        | BLAISE NAME: MAMO                            | CCovgUnit    |                        |                   |      |
| Item Type:            | Question                               | Field kind: Datafield                        | ArrayMir     | n: Min va              | lue:              |      |
| Type Class:           | Enumerated                             | Field Size:                                  |              |                        |                   |      |
| Answer Type:          | TCOVERAGETIME                          | Answers allowed: 1                           | ArrayMa      | x: Max va              | due:              |      |
| □ Help Available (    |  | $\Box$ Show Card (                           | )            |                        | Look Up File (    | )    |
| Context Header:       | {PERSON'S FIRST                        | MIDDLE AND LAST                              | NAME}        |                        |                   |      |
| Question Text:        |  |  |              |                        |                   |      |
| -                     | ur/{PERSON}'s} Soci<br>NAME OF PLAN FR | al Security deduction/{do<br>OM PR20} plan?] | o/does} {you | <pre>#/{PERSON}}</pre> | pay in premiums}  |      |
| Is that per year, per | month, per week, or w                  | vhat?  |              |                        |                   |      |
| ENTER UNIT OF C       | COVERAGE                               |  |              |                        |                   |      |
| Responses:            | PER YEAR                               |  | 1            | END_LP10               | (PR1105)          |      |
|                       | EVERY 3 MONTH                          | IS (QUARTERLY)                               | 2            | END_LP10               | (PR1105)          |      |
|                       | EVERY 2 MONTH                          | IS (BIMONTHLY)                               | 3            | END_LP10               | (PR1105)          |      |

PER MONTH ...... 4 END\_LP10

EVERY 2 WEEKS (BIWEEKLY) ..... 6 END\_LP10

2 TIMES PER YEAR (SEMI-ANNUALLY) ...... 7 END\_LP10

..... RF

..... DK

2 TIMES PER MONTH (SEMI-MONTHLY) ..... 8

PER WEEK

OTHER

REFUSED

DON'T KNOW

5 END\_LP10

(PR1105)

(PR1105)

(PR1105)

(PR1105)

(PR1105)

(PR1060)

(PR1105)

(PR1105)

END\_LP10

END\_LP10

END\_LP10

PR70OS

| Display<br>Instructions:  | Display PR60, PR70 and PR70OS on the same form pane.  |  |  |  |  |
|---|---|--|--|--|--|
|   | Display the first paragraph of question text in brackets and grayed out text.   |  |  |  |  |
|   |   | urity deduction' if PR50 is coded '1' (DEDUCTED<br>o/does} {you/{PERSON}} pay in premiums' if<br>(BOTH).   |  |  |  |
|   |   | ' if a Medicare plan name was entered at PR20.<br>EFUSED) or 'DK' (DON'T KNOW)), use a null  |  |  |  |
|   | Display the actual plan name entered at PR name was entered.  | 20 for 'NAME OF PLAN FROM PR20' if a plan  |  |  |  |
|   |   |  |  |  |  |
| Testing/Editing<br>Notes:   | Variable collected at MEPSSpring2018.HX<br>Variable stored at MEPSSpring2018.HX_N   |  |  |  |  |
| <u>PR70OS</u>   |   |  |  |  |  |
| Item Type:<br>Type Class:   | (PR1060)BLAISE NAME: MANQuestionField kind: DatafieldStringField Size: 25   | ArrayMin: Min value:   |  |  |  |
| Item Type:  | Question Field kind: Datafield  | ArrayMin: Min value:   |  |  |  |
| Item Type:<br>Type Class:   | Question       Field kind: Datafield         String       Field Size: 25         {Continuous Answer.}       Answers allowed: 1  | ArrayMin: Min value:<br>ArrayMax: Max value:   |  |  |  |
| Item Type:<br>Type Class:<br>Answer Type:   | Question       Field kind: Datafield         String       Field Size: 25         {Continuous Answer.}       Answers allowed: 1  | ArrayMin:       Min value:         ArrayMax:       Max value:         )       □         Look Up File ( )   |  |  |  |
| Item Type:<br>Type Class:<br>Answer Type:   | Question       Field kind: Datafield         String       Field Size: 25         {Continuous Answer.}       Answers allowed: 1         ( )          □ Show Card (         □   | ArrayMin:       Min value:         ArrayMax:       Max value:         )       □         Look Up File ( )   |  |  |  |
| Item Type:<br>Type Class:<br>Answer Type:<br>Help Available<br>Context Header:<br>Question Text:<br>[How much {is {yo   | Question       Field kind: Datafield         String       Field Size: 25         {Continuous Answer.}       Answers allowed: 1         ( )       □ Show Card (         {PERSON'S FIRST MIDDLE AND LAST  | ArrayMin:       Min value:         ArrayMax:       Max value:         )       □         Look Up File ( )   |  |  |  |
| Item Type:<br>Type Class:<br>Answer Type:<br>Help Available<br>Context Header:<br>Question Text:<br>[How much {is {yo<br>for {your/his/her} {                   | Question       Field kind: Datafield         String       Field Size: 25         {Continuous Answer.}       Answers allowed: 1         ( )       □ Show Card (         {PERSON'S FIRST MIDDLE AND LAST         our/{PERSON}'s} Social Security deduction/{o   | ArrayMin:       Min value:         ArrayMax:       Max value:         )       □         Look Up File ( )         `NAME}  |  |  |  |
| Item Type:<br>Type Class:<br>Answer Type:<br>Help Available<br>Context Header:<br>Question Text:<br>[How much {is {yo<br>for {your/his/her} {                   | Question       Field kind: Datafield         String       Field Size: 25         {Continuous Answer.}       Answers allowed: 1         ( )       □ Show Card (         {PERSON'S FIRST MIDDLE AND LAST         our/{PERSON}'s} Social Security deduction/{onAME OF PLAN FROM PR20} plan?]                                     | ArrayMin:       Min value:         ArrayMax:       Max value:         )       □         Look Up File ( )         `NAME}  |  |  |  |
| Item Type:<br>Type Class:<br>Answer Type:<br>Help Available<br>Context Header:<br>Question Text:<br>[How much {is {yo<br>for {your/his/her} {                   | Question       Field kind: Datafield         String       Field Size: 25         {Continuous Answer.}       Answers allowed: 1         ( )       □ Show Card (         {PERSON'S FIRST MIDDLE AND LAST         our/{PERSON}'s} Social Security deduction/{onAME OF PLAN FROM PR20} plan?]                                     | ArrayMin: Min value:   ArrayMax: Max value:   ) □ Look Up File ( )   'NAME}   do/does} {you/{PERSON}} pay in premiums}   |  |  |  |
| Item Type:<br>Type Class:<br>Answer Type:<br>Help Available<br>Context Header:<br>Question Text:<br>[How much {is {yo<br>for {your/his/her} {<br>SPECIFY: OTHER | Question       Field kind: Datafield         String       Field Size: 25         {Continuous Answer.}       Answers allowed: 1         ( )       □ Show Card (         {PERSON'S FIRST MIDDLE AND LAST         our/{PERSON}'s} Social Security deduction/{o         NAME OF PLAN FROM PR20} plan?]         R UNIT OF COVERAGE | ArrayMin:       Min value:         ArrayMax:       Max value:         )       □       Look Up File ( )         )       □       Look Up File ( )         'NAME}         do/does} {you/{PERSON}} pay in premiums}          END_LP10 (PR1105)          RF END_LP10 (PR1105) |  |  |  |

| Display<br>Instructions:                                 | Display PR60, PR70 and PR70OS on the same form pane.   |   |
|--|--|---|
|  | Display the first paragraph of question text in brackets and grayed out text.  |   |
|  | Display 'is {your/{PERSON}'s} Social Security deduction' if PR50 is coded '1' (DEDUCTED FROM SOCIAL SECURITY). Display '{do/does} {you/{PERSON}} pay in premiums' if PR50 is coded '2' (PAY DIRECTLY) or '3' (BOTH). |   |
|  | Display '{NAME OF PLAN FROM PR20}' if a Medicare plan name was entered at PR20.<br>Otherwise (i.e., if PR20 was coded 'RF' (REFUSED) or 'DK' (DON'T KNOW)), use a null display.                                      |   |
|  | Display the actual plan name entered at PR20 for 'NAME OF PLAN FROM PR20' if a plan name was entered.  |   |
| Testing/Editing<br>Notes:                                | Variable collected at MEPSSpring2018.HX_Main.PR_Main.PR_MAMCLoop[125]<br>Variable stored at MEPSSpring2018.HX_Main.PR_Main.PR_MAMCLoop[125]  |   |
| <u>PR80</u><br>Item Type:<br>Type Class:<br>Answer Type: | (PR1065)BLAISE NAME: MAMCCovgRngQuestionField kind: DatafieldArrayMin:Min value:EnumeratedField Size:TCOSTPLANMONTAnswers allowed: 1ArrayMax:Max value:  | _ |
| ☐ Help Available (                                       | ) Show Card (HX-5) Look Up File ( )  |   |
| Context Header:  | {PERSON'S FIRST MIDDLE AND LAST NAME}  |   |
| 🕮 HX-5   | AME OF PLAN FROM PR20}}<br>card HX-5 best indicates the cost of this plan per month?   |   |
|  |  |   |
| Responses:   | \$1-\$50 1 END_LP10 (PR1105)<br>\$51-\$100   |   |
|  | \$101-\$200 (PR1105)<br>\$101-\$200 (PR1105)   |   |
|  | \$201-\$300  |   |
|  | \$301 OR MORE  |   |
|  | REFUSED  |   |
|  | DON'T KNOW DK END_LP10 (PR1105)  |   |

| Display<br>Instructions:  | entered at PR2                    | PLAN NAME: {NAME OF PLAN FROM PR20}' if a Medicare plan name was<br>PR20. Otherwise (i.e., if PR20 was coded 'RF' (REFUSED) or 'DK' (DON'T<br>, use a null display. |                                 |  |  |  |
|---------------------------|-----------------------------------|---|---------------------------------|--|--|--|
|                           | Display the act<br>name was enter | tual plan name entered at PR20 for 'NAI<br>red.   | ME OF PLAN FROM PR20' if a plan |  |  |  |
| Testing/Editing<br>Notes: |                                   | cted at MEPSSpring2018.HX_Main.PR<br>d at MEPSSpring2018.HX_Main.PR_M   |                                 |  |  |  |
| <u>PR90</u>               | <u>(PR1070)</u>                   | <b>BLAISE NAME:</b> MAMCPartD   |                                 |  |  |  |
| Item Type:                | Question                          | Field kind: Datafield ArrayM  | Iin: Min value:                 |  |  |  |
| Type Class:               | Enumerated                        | Field Size:   |                                 |  |  |  |
| Answer Type:              | TYESNO                            | Answers allowed: 1 ArrayM   | fax: Max value:                 |  |  |  |
| ✓ Help Available          | (PartDHelp)                       | $\Box$ Show Card ( )  | □ Look Up File ( )              |  |  |  |
| Context Header:           | {PERSON'S F                       | FIRST MIDDLE AND LAST NAME}   |                                 |  |  |  |
| Question Text:            |                                   |   |                                 |  |  |  |
|                           | · · · ·                           | SON}} enrolled in Medicare Part D, als<br>SON'S END DATE}}?   | o known as the Medicare         |  |  |  |
| 1 0                       |                                   |   | HEI D. EI                       |  |  |  |

| <b>Responses:</b> | YES        |    |          |          |
|-------------------|------------|----|----------|----------|
|                   | NO         |    | END_LP10 | (PR1105) |
|                   | REFUSED    | RF | END_LP10 | (PR1105) |
|                   | DON'T KNOW | DK | END_LP10 | (PR1105) |
|                   |            |    |          |          |

| MEPS_V2<br>Full Detail Spec |                       |   | Old Public I      | Related Insurance (PR) Section |
|-----------------------------|-----------------------|---|-------------------|--------------------------------|
| Programmer<br>Instructions: |                       | ES) and Round 3, continue wi<br>oded '1' (YES) and rounds 2,    |                   | ND_LP10.                       |
| Display<br>Instructions:    |                       | Is}' if not round 5. Display '{\<br>END DATE}' if round 5. Othe | -                 |                                |
| Testing/Editing<br>Notes:   |                       | ted at MEPSSpring2018.HX_<br>at MEPSSpring2018.HX_Ma            |                   |                                |
| PR100                       | <u>(PR1075)</u>       | <u>BLAISE NAME:</u> MAMC  | PayPartD          |                                |
| Item Type:                  | Question              | Field kind: Datafield   | ArrayMin:         | Min value:                     |
| Type Class:                 | Enumerated            | Field Size:   |                   |                                |
| Answer Type:                | TYESNO                | Answers allowed: 1  | ArrayMax:         | Max value:                     |
| ✓ Help Available            | (PREMPAYHelp)         | □ Show C  | ard ( )           | □ Look Up File ( )             |
| Context Header:             | {PERSON'S F           | IRST MIDDLE AND LAST 1  | NAME}             |                                |
| Question Text:              | neficiaries nav thair | Part B premiums through the                                     | ir Social Securit | w checks. In addition          |

Most Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, {do/does}{you/{PERSON}} (or anyone in this household) pay anything else for {your/his/her} Medicare Prescription Drug Plan (also known as Part D)?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

| <b>Responses:</b> | YES 1         | PR110    | (PR1080) |
|-------------------|---------------|----------|----------|
|                   | NO            | END_LP10 | (PR1105) |
|                   | REFUSED RF    | END_LP10 | (PR1105) |
|                   | DON'T KNOW DK | END_LP10 | (PR1105) |

Display Instructions:

| Testing/Editing | Variable collected at MEPSSpring2018.HX_Main.PR_Main.PR_MAMCLoop[125] |
|-----------------|---|
| Notes:          | Variable stored at MEPSSpring2018.HX_Main.PR_Main.PR_MAMCLoop[125]    |

| <u>PR110</u> | <u>(PR1080)</u> | BLAISE NAME: MAMO     | THowPayPartD |            |
|--------------|-----------------|-----------------------|--------------|------------|
| Item Type:   | Question        | Field kind: Datafield | ArrayMin:    | Min value: |
| Type Class:  | Enumerated      | Field Size:           |              |            |
| Answer Type: | THOWPAYMCAR     | E Answers allowed: 1  | ArrayMax:    | Max value: |
|              |                 |                       |              |            |

| Help Available (   | )                | $\Box$ Show Card (    | )        | □ Look Up File ( | ) |
|--------------------|------------------|-----------------------|----------|------------------|---|
| Context Header:    | {PERSON'S FIRST  | MIDDLE AND LAS        | ΓNAME}   |                  |   |
| Question Text:     |                  |                       |          |                  |   |
| How {do/does} {you | {PERSON} pay for | {your/his/her} Part D | premium? |                  |   |
|                    |                  |                       |          |                  |   |

IF NECESSARY, SAY: Is the Medicare drug coverage premium paid through {your/his/her} Social Security check, paid directly to the provider, or paid both ways?

| DEDUCTED FROM | M SOCIAL SECURITY               | 1                               | PR120  | (PR1085)   |
|---------------|---------------------------------|---------------------------------|--|--|
| PAY DIRECTLY  |                                 | 2                               | PR120  | (PR1085)   |
| BOTH          |                                 | 3                               | PR120  | (PR1085)   |
| REFUSED       |                                 | RF                              | END_LP10   | (PR1105)   |
| DON'T KNOW    |                                 | DK                              | END_LP10   | (PR1105)   |
|               | PAY DIRECTLY<br>BOTH<br>REFUSED | PAY DIRECTLY<br>BOTH<br>REFUSED | PAY DIRECTLY         2           BOTH         3           REFUSED         RF | DEDUCTED FROM SOCIAL SECURITY1PR120PAY DIRECTLY2PR120BOTH3PR120REFUSEDRFEND_LP10DON'T KNOWDKEND_LP10 |

Display Instructions:

| Testing/Editing | Variable collected at MEPSSpring2018.HX_Main.PR_Main.PR_MAMCLoop[125] |
|-----------------|---|
| Notes:          | Variable stored at MEPSSpring2018.HX_Main.PR_Main.PR_MAMCLoop[125]    |

| MEPS_V2   | Old Public Related Insurance (PR) Section |              |            |              |               | ion      |  |   |
|---|---|--------------|------------|--------------|---------------|----------|--|---|
| Full Detail Spec  |   |              |            |              |               |          |  |   |
| <u>PR120</u>  | <u>(PR1085)</u>                           | BLA          | ISE NA     | ME: MAMO     | CAmtPayPar    | tD       |  |   |
| Item Type:  | Question                                  | Fie          | ld kind:   | Datafield    | ArrayMi       | n: N     | <b>Iin value:</b> 0                                |   |
| Type Class:   | Real                                      | Fie          | ld Size:   | 9,2          |               |          |  |   |
| Answer Type:  | {Continuous A                             | Answer.} A   | Answers a  | allowed: 1   | ArrayMa       | x: N     | <b>Iax value:</b> 9999999.99                       |   |
| □ Help Available (  | )   |              | □ Sł       | now Card (   | )             |          | □ Look Up File (                                   | ) |
| Context Header:   | {PERSON'S                                 | S FIRST M    | IDDLE A    | AND LAST     | NAME}         |          |  |   |
| Question Text:<br>How much {is {your<br>for {your/his/her} Pa |   | } Social Se  | curity de  | duction/{do  | /does} {you   | /{PERSO  | DN}} pay in premiums}                              |   |
| IF RESPONDENT I   | S NOT SURE                                | , DO NOT     | PROBE.     | CODE 'DO     | N'T KNOW      | <b>.</b> |  |   |
| ENTER AMOUNT  |   |              |            |              |               |          |  |   |
| Responses:  |   |              |            |              |               | PR130    | (PR1090)   |   |
|   | REFUSED                                   |              |            |              | RF            | PR140    | (PR1100)   |   |
|   | DON'T KNO                                 | OW           |            |              | DK            | PR140    | (PR1100)   |   |
| Programmer<br>Instructions:                                   | Allow for th                              | e entry of d | lollars an | d cents.     |               |          |  |   |
| Display<br>Instructions:                                      | Display PR1                               | 20, PR130    | , PR1300   | OS on the sa | me form par   | ne.      |  |   |
|   |   | D FROM S     | SOCIAL     | SECURITY     | ). Display '{ | do/does] | 110 is coded '1'<br>} {you/{PERSON}} pay in<br>I). | 1 |
| Testing/Editing<br>Notes:                                     |   |              |            |              |               |          | _MAMCLoop[125]<br>AMCLoop[125]                     |   |

| MEPS_V2                                    |                             | Old Public Related Insurance (PR) Section |                         |              |                     |  |
|--|-----------------------------|---|-------------------------|--------------|---------------------|--|
| Full Detail Spec                           |                             |   |                         |              |                     |  |
| <u>PR130</u>                               | <u>(PR1090)</u> <u>B</u>    | BLAISE NAME: MAMO                         | CUnitPayPa              | rtD          |                     |  |
| Item Type:                                 | Question                    | Field kind: Datafield                     | ArrayMi                 | n: Min va    | lue:                |  |
| Type Class:                                | Enumerated                  | Field Size:                               |                         |              |                     |  |
| Answer Type:                               | TCOVERAGETIME               | Answers allowed: 1                        | ArrayMa                 | x: Max va    | alue:               |  |
| ☐ Help Available (                         | )                           | $\Box$ Show Card (                        | )                       |              | Look Up File ( )    |  |
| Context Header:                            | {PERSON'S FIRST             | MIDDLE AND LAST                           | NAME}                   |              |                     |  |
| Question Text:                             |                             |   |                         |              |                     |  |
| [How much {is {you<br>for {your/his/her} P |                             | al Security deduction/{de                 | o/does} {yo             | u/{PERSON}}  | pay in premiums}    |  |
| Is that per year, per                      | month, per week, or w       | hat?                                      |                         |              |                     |  |
| ENTER UNIT O                               | F COVERAGE                  |   |                         |              |                     |  |
| Responses:                                 | PER YEAR                    |   | 1                       | END_LP10     | (PR1105)            |  |
|  |                             | S (QUARTERLY)                             |                         | END_LP10     | (PR1105)            |  |
|  | EVERY 2 MONTH               | S (BIMONTHLY)                             | 3                       | END_LP10     | (PR1105)            |  |
|  | PER MONTH                   |   | 4                       | END_LP10     | (PR1105)            |  |
|  |                             |   | -                       | END_LP10     | (PR1105)            |  |
|  |                             | (BIWEEKLY)                                |                         | END_LP10     | (PR1105)            |  |
|  |                             | R (SEMI-ANNUALLY)                         |                         | END_LP10     | (PR1105)            |  |
|  | 2 TIMES PER MON             | NTH (SEMI-MONTHLY                         | <i>(</i> ) 8            | END_LP10     | (PR1105)            |  |
|  | •                           |   |                         | PR130OS      | (PR1095)            |  |
|  |                             |   |                         | END_LP10     | (PR1105)            |  |
|  | DON'T KNOW                  |   | DK                      | END_LP10     | (PR1105)            |  |
| Display<br>Instructions:                   | Display PR120, PR           | 130, PR130OS on the sa                    | me form pai             | ne.          |                     |  |
|  | Display the "How mout text. | nuch{is {your/{PERSON                     | <pre>[}'s] Social</pre> | Security" in | brackets and grayed |  |

Display 'is {your/{PERSON}'s} Social Security deduction' if PR110 is coded '1' (DEDUCTED FROM SOCIAL SECURITY). Display '{do/does} {you/{PERSON}} pay in premiums' if PR110 is coded '2' (PAY DIRECTLY) or '3' (BOTH).

# Testing/EditingVariable collected at MEPSSpring2018.HX\_Main.PR\_Main.PR\_MAMCLoop[1..25]Notes:Variable stored at MEPSSpring2018.HX\_Main.PR\_Main.PR\_MAMCLoop[1..25]

| MEPS_V2 Old Public Related Insurance (PR) Sect |                            |   |               |               | ection            |      |
|--|----------------------------|---|---------------|---------------|-------------------|------|
| Full Detail Spec                               |                            |   |               |               |                   |      |
| PR130OS  | <u>(PR1095)</u>            | BLAISE NAME: MAMO   | CUnitPayPa    | rtDOS         |                   |      |
| Item Type:                                     | Question                   | Field kind: Datafield   | ArrayMi       | n: Min va     | lue:              |      |
| Type Class:                                    | String                     | Field Size: 25  |               |               |                   |      |
| Answer Type:                                   | {Continuous Answe          | er.} Answers allowed: 1   | ArrayMa       | x: Max va     | alue:             |      |
| Help Available (                               | )                          | $\Box$ Show Card (  | )             | Γ             | ☐ Look Up File (  | )    |
| Context Header:                                | {PERSON'S FIR              | ST MIDDLE AND LAST  | NAME}         |               |                   |      |
| Question Text:                                 |                            |   |               |               |                   |      |
| [How much {is {you<br>for {your/his/her} Pa    |                            | cial Security deduction/{de   | o/does} {you  | u/{PERSON}}   | pay in premiums   | }    |
| SPECIFY: OTHER                                 | UNIT OF COVERA             | AGE   |               |               |                   |      |
| Responses:                                     |                            |   |               | END_LP10      | (PR1105)          |      |
|  | REFUSED                    |   | RF            | END_LP10      | (PR1105)          |      |
|  | DON'T KNOW                 |   | DK            | END_LP10      | (PR1105)          |      |
| Display<br>Instructions:                       | Display PR120, P           | PR130, PR130OS on the sa  | me form par   | ne.           |                   |      |
|  | Display the "How out text. | much{is {your/{PERSON   | {}'s} Social  | Security" in  | brackets and gray | yed  |
|  | (DEDUCTED FR               | {PERSON}'s} Social Secu<br>COM SOCIAL SECURITY<br>10 is coded '2' (PAY DIRE | ). Display '{ | do/does} {you |                   | y in |
| Testing/Editing<br>Notes:                      |                            | d at MEPSSpring2018.HX<br>MEPSSpring2018.HX_M                               |               |               |                   |      |

| MEPS_V2<br>Full Detail Spec |   |   | Old Pub     | olic Related Inst  | urance (PR) Section                                      |
|-----------------------------|---|---|-------------|--|--|
| <u>PR140</u>                | <u>(PR1100)</u>                                       | BLAISE NAME: MAM                                      | CRngPayPart | D  |  |
| Item Type:<br>Type Class:   | Question<br>Enumerated                                | Field kind: Datafield<br>Field Size:                  | ArrayMin    | a: Min valu  |  |
| Answer Type:                | ICOSIPLANMON  | T Answers allowed: 1                                  | ArrayMax    | k: Max valu  | 1e:  |
| □ Help Available (          | ( )   | Show Card (H  | X-6)        |  | Look Up File ( )   |
| Context Header:             | {PERSON'S FIRS  | T MIDDLE AND LAST                                     | NAME}       |  |  |
| Question Text:              |   |   |             |  |  |
| Which category on a         | card HX-6 best indica                                 | tes the cost of this plan p                           | er month?   |  |  |
| Responses:                  | \$31-\$60<br>\$61-\$90<br>\$91-\$120<br>\$121 OR MORE |   |             | END_LP10<br>END_LP10<br>END_LP10<br>END_LP10<br>END_LP10 | (PR1105)<br>(PR1105)<br>(PR1105)<br>(PR1105)<br>(PR1105) |
|                             | DON'T KNOW  |   |             | END_LP10<br>END_LP10                                     | (PR1105)<br>(PR1105)                                     |
| Display<br>Instructions:    |   |   |             |  |  |
| Testing/Editing<br>Notes:   |   | at MEPSSpring2018.HX<br>MEPSSpring2018.HX_M           |             |  |  |
| END_LP10                    | <u>(PR1105)</u> It                                    | em Type: Route  | Type Cl     | ass: If Then   |  |
| Route Details:              |   | rance that meets the cond<br>ce meets the stated cond |             | -  |  |

| MEPS_V2<br>Full Detail Spec |   |   | Old Public   | Related Insurance (PR) Section         |
|-----------------------------|---|---|--|--|
| <u>BOX 30</u>               | <u>(PR1110)</u>                                   | Item Type: Route  | Type Class   | : If Then                              |
| Route Details:              | previous round<br>Preload.Insura<br>Preload.CovdP | (at least one RU memb<br>nce.Plcyhldr=PersID wh<br>ers.LRndCovd ={previ<br>nce.OrigRnd<>current p | ber where Preload.Insu<br>here Person.MostRece<br>ous round number} ar | nd                                     |
| <u>PR150 01</u>             | <u>(PR1115)</u>                                   | BLAISE NAME: (  | ConfCaid   |  |
| Item Type:                  | Question  | Field kind: Dataf   | ield ArrayMin:   | Min value:                             |
| Type Class:                 | Enumerated  | Field Size:   |  |  |
| Answer Type:                | TYESNO  | Answers allow   | ed: 1 ArrayMax:  | Max value:                             |
| ✓ Help Available            | (MEDICATHelp)                                     | $\Box$ s  | how Card ( )   | □ Look Up File ( )                     |
| Question Text:              |   |   |  |  |
|                             |   | d that {PERSON 1}, {F<br>STATE NAME FOR M   |  |  |
|                             |   | covered by {Medicaid/{<br>FART DATE}/between  |  | MEDICAID}} or {STATE<br>d {END DATE}}? |

| Responses: | YES        | 1  |
|------------|------------|----|
|            | NO         |    |
|            | REFUSED    | RF |
|            | DON'T KNOW | DK |

| Programmer<br>Instructions: | Preloaded grid type 1: forced navigation including PR150_01, PR150_02, PR150_03, PR150_04, PR150_N.   |  |  |  |  |
|-----------------------------|---|--|--|--|--|
|                             | After grid completion, continue with BOX_40.  |  |  |  |  |
| Display<br>Instructions:    | Roster 1-Report no add/edit/delete allowed.   |  |  |  |  |
|                             | Format the following columns on the form pane.  |  |  |  |  |
|                             | Col#1: RU Member<br>Instructions: Display RU members' First Middle and Last name (Person.FullName)  |  |  |  |  |
|                             | Roster Filter:<br>Display only those RU members who were "COVERED BY MEDICAID/SCHIP" at any time<br>during the previous round (RU members where Preload.Insurance.HISrc=Medicaid,<br>Preload.Insurance.Plcyhldr=PersID where Person.MostRecentRU=RUUnit and<br>Preload.CovdPers.LRndCovd ={previous round number}.  |  |  |  |  |
|                             | For the display of person names in the first paragraph: {PERSON 1}, {PERSON 2},<br>{PERSON 3}, {PERSON N}, display the list of RU members who were "COVERED BY<br>MEDICAID/SCHIP" at any time during the previous round. Display first names only.<br>Substitute "you" for the person's first name if the respondent is included in this list. If<br>exactly two names displayed, separate names with the word "and" and no comma. If more<br>than two names listed, separate names using commas, except for between the last two<br>names displayed. Between the last two names displayed, separate names using the word<br>"and". |  |  |  |  |
|                             | Display 'was' if only one name is listed and that person is not the current respondent.<br>Otherwise, display 'were'.   |  |  |  |  |
|                             | Display 'Medicaid' if state in which interview is being conducted uses the name 'Medicaid'.<br>Display 'STATE NAME FOR MEDICAID' (substituting the state name for the program) if the<br>state in which interview is being conducted does not use the name 'Medicaid'. For the<br>specific Medicaid program name by state to display, see the plan fill file.   |  |  |  |  |
|                             | Display 'or STATE CHIP NAME' under all conditions, substituting the real state name for program. For the specific name to use by state, see the plan fill file.   |  |  |  |  |
|                             | Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.  |  |  |  |  |
|                             | Display variable question text. Replace "{Have you/Has {PERSON 1}} been covered and {END DATE}?" with:<br>PR150_02: What about {PERSON 2}?<br>PR150_03: What about {PERSON 3}?<br>PR150_04: What about {PERSON N}? Has {he/she} been covered by {Medicaid/{STATE NAME<br>FOR MEDICAID}} or {STATE CHIP NAME} <u>at any time {since {START DATE}/between {START</u><br>DATE} and {END DATE}?<br>PR150_N: Repeat question text PR150_02-PR150_N for as many RU members that fit the   |  |  |  |  |

| MEPS_V2<br>Full Detail Spec                                  |  |   | Old Public I  | Related Insurance (PR) Section                                  |  |  |
|--|--|---|---------------|---|--|--|
|  | roster filter crite  | ria.  |               |   |  |  |
|  | Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list. |   |               |   |  |  |
|  | PR150_N. Displa  |   |               | ed out text when on PR150_02 –<br>150_01. Display in bold black |  |  |
| Testing/Editing<br>Notes:                                    |  | ed at MEPSSpring2018.HX_1<br>at MEPSSpring2018.HX_Ma                                    |               |   |  |  |
| <u>BOX 40</u>  | <u>(PR1120)</u>  | Item Type: Route  | Type Class:   | If Then   |  |  |
| Route Details:   |  | members are displayed at PF inue with PR160_01.   | ₹150_01-PR150 | )_N, go to BOX_50.  |  |  |
| <u>PR160_01</u><br>Item Type:<br>Type Class:<br>Answer Type: | (PR1125)<br>Question<br>Enumerated<br>TYESNO   | <b>BLAISE NAME:</b> OthMm<br>Field kind: Datafield<br>Field Size:<br>Answers allowed: 1 | ArrayMin:     | Min value:<br>Max value:  |  |  |
| ✓ Help Available   | (MEDICATHelp)  | □ Show Ca   | urd ( )       | □ Look Up File ( )  |  |  |
| been covered by {N<br>{START DATE}/t<br>{Have you/Has {P     | Medicaid/{STATE N<br>between {START D<br>ERSON 1} been cov   | ATE} and {END DATE}}.   | or {STATE CHI | P NAME} <u>at any time</u> {since<br>IEDICAID}} or {STATE       |  |  |
| CHIP NAME } at a   | <u>ny time</u> {since {S12   | ART DATE}/between {STAI   | (I DATE) and  | {END DATE}}?<br>HELP: F1  |  |  |
| Responses:   | NO<br>REFUSED  |   | 2<br>RF       |   |  |  |

| Programmer<br>Instructions: | Preloaded Grid type 1: Forced navigation including PR160_01, PR160_02, PR160_03, PR160_04, PR160_N.  |
|-----------------------------|--|
|                             | After grid completion, continue with BOX_50.   |
|                             | For each person coded '1' (YES), create insurance through Medicaid/SCHIP for this person<br>[set Insurance.HIPubPriv=Public and Insurance.HISrc=Medicaid and<br>Insurance.HISrcName= <u>{Medicaid/{STATE NAME FOR MEDICAID}}/{STATE CHIP</u><br><u>NAME}</u> and Insurance.Plcyhldr= PersID and CoverageFlagList.InsSrcN=YES for this<br>PersID] [set Create Q and OrigRnd]                        |
| Display<br>Instructions:    | Roster 1-Report no add/edit/delete allowed.  |
| instructions.               | Format the following columns on the form pane.   |
|                             | Col#1: RU Member<br>Instructions: Display RU members' First Middle and Last name (Person.FullName).  |
|                             | Roster Filter:<br>Display only those RU members who were not covered by MEDICAID/SCHIP at any time<br>during the previous round (including newly added RU members), that is any RU member not<br>displayed at PR150_01.  |
|                             | Display 'Medicaid' if state in which interview is being conducted uses the name 'Medicaid'.<br>Display 'STATE NAME FOR MEDICAID' (substituting the state name for the program) if the<br>state in which interview is being conducted does not use the name 'Medicaid'. For the<br>specific Medicaid program name by state to display, see the plan fill file.                                      |
|                             | Display 'or STATE CHIP NAME' under all conditions, substituting the real state name for program. For the specific name to use by state, see the plan fill file.  |
|                             | Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.   |
|                             | Display variable question text. Replace "{Have you/Has {PERSON 1}} been covered and {END DATE}}?" with:  |
|                             | PR160_02: What about {PERSON 2}?<br>PR160_03: What about {PERSON 3}?<br>PR160_04: What about {PERSON N}? Has {he/she} been covered by {Medicaid/{STATE NAME<br>FOR MEDICAID}} or {STATE CHIP NAME} <u>at any time</u> {since {START DATE}/between {START<br>DATE} and {END DATE}?<br>PR160_N: Repeat question text PR160_02-PR160_N for as many RU members that fit the<br>roster filter criteria. |
|                             | Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.   |
|                             | Display first paragraph of question text in brackets and grayed out text when on PR160_02 – PR160_N. Display in bold black and no brackets when on PR160_01.   |

Testing/EditingVariable collected at MEPSSpring2018.HX\_Main.PR\_MainNotes:Variable stored at MEPSSpring2018.HX\_Main.PR\_Main

| <u>BOX 50</u>  | <u>(PR1130)</u>   | Item Type: Route   | Type Class: If Then   |      |
|----------------|---|--|---|------|
| Route Details: | round, that i<br>PR160_01-                                  |  | BY MEDICAID/SCHIP" during the cur<br>is coded as '1' (YES) at PR150_01-PR15<br>(_60.  |      |
| <u>BOX_60</u>  | <u>(PR1135)</u>   | Item Type: Route   | Type Class: If Then   |      |
| Route Details: | This instanc<br>that are cov<br>should be p<br>-Insurance s | ered by Medicaid/SCHIP in th<br>reloaded with insurance that<br>ource is Medicaid/SCHIP [Ins | me period coverage detail for all RU men<br>e current round. The grid for the HQ sec<br>meets both of the following conditions: | tion |

\_01- PR150\_N or PR160\_01-PR160\_N is coded '1' (YES) for this person.

At completion of HQ section, continue with PR170.

| MEPS_V2          |                 |                            | Old Public | <b>Related Insurance (PR) Section</b> |
|------------------|-----------------|----------------------------|------------|---------------------------------------|
| Full Detail Spec |                 |                            |            |                                       |
| <u>PR170</u>     | <u>(PR1140)</u> | <b>BLAISE NAME:</b> CaidNa | ameChng    |                                       |
| Item Type:       | Question        | Field kind: Datafield      | ArrayMin:  | Min value:                            |
| Type Class:      | Enumerated      | Field Size:                |            |                                       |
| Answer Type:     | TYESNO          | Answers allowed: 1         | ArrayMax:  | Max value:                            |
|                  |                 |                            |            |                                       |

 $\Box$  Help Available ( )

 $\Box$  Show Card ( )

 $\Box$  Look Up File ( )

#### **Question Text:**

{Last time we recorded that {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} may be covered by {PRELOAD MEDICAID/SCHIP INSURER}.}

{Since {START DATE}/Between {START DATE} and {END DATE}}, has there been any change in the plan name of the health insurance {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} {has/have} through {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}?

#### **Responses:**

| YES        |    | PR180  | (PR1145) |
|------------|----|--------|----------|
| NO         |    | BOX_70 | (PR1160) |
| REFUSED    | RF | BOX_70 | (PR1160) |
| DON'T KNOW | DK | BOX_70 | (PR1160) |

Notes:

Programmer If coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW), set previous round's insurer as 'CURRENT RD'S MEDICAID/SCHIP INSURER'. [Set Preload.Insurance.Insurer to **Instructions:** Insurance.Insurer] Display Roster 1-Report **Instructions:** Roster definition: This item uses the insurance array to display RU-members. (Person.FullName) Roster filter: Display only those RU members who are "COVERED BY MEDICAID/SCHIP" during the current round, that is, either PR150 01- PR150 N or PR160 01-PR160 N is coded '1' (YES) for this person. Display first names only in the first sentence "Last time we recorded...." Substitute "you" for the person's first name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and". Display RU members' first, middle, and last names (Person.FullName) in the second sentence "{Since {START DATE}/Between {START DATE} and {END DATE}}...." Substitute "you" for the person's name if the respondent is included in this list. See instructions above about when to use commas vs. "and" to separate names. Display 'Last time... {PRELOAD MEDICAID/SCHIP INSURER }.' If there was an insurer associated with Medicaid/SCHIP in the previous round (Preload.Insurance.Insurer <> RF, DK or EMPTY). Otherwise, use a null display. For 'PRELOAD MEDICAID/SCHIP INSURER', display the insurer recorded for Medicaid/SCHIP during the previous round (Preload.Insurance.Insurer). Display 'Since {START DATE}' if not round 5. Display 'Between {START DATE}' and {END DATE}' if round 5. Display 'has' if only one name is listed and that person is not the current respondent. Otherwise, display 'have'. Display 'Medicaid' if state in which interview is being conducted uses the name 'Medicaid'. Display 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) if the state in which interview is being conducted does not use the name 'Medicaid'. For the specific Medicaid program name to display by state, see the plan fill file. Display 'or STATE CHIP NAME' under all conditions, substituting the real state name for program. For the specific name to display by state, see the plan fill file. **Testing/Editing** 

ting Variable collected at MEPSSpring2018.HX\_Main.PR\_Main Variable stored at MEPSSpring2018.HX\_Main.PR\_Main

| <u>PR180</u>       | <u>(PR1145)</u> | <b>BLAISE NAME:</b> CaidH | MO        |            |  |
|--------------------|-----------------|---------------------------|-----------|------------|--|
| Item Type:         | Question        | Field kind: Datafield     | ArrayMin: | Min value: |  |
| <b>Type Class:</b> | Enumerated      | Field Size:               |           |            |  |
| Answer Type:       | THMOSIGND       | Answers allowed: 1        | ArrayMax: | Max value: |  |

✓ Help Available (HMOHelp)

 $\Box$  Show Card ( )

Question Text:

Under {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {{are/is}/{were/was}} {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} enrolled in an HMO, that is a Health Maintenance Organization {{between {START DATE} and {END DATE}}?

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

HELP: F1

 $\Box$  Look Up File ( )

| <b>Responses:</b> | YES, ALL ARE  |    | PR200 | (PR1155) |
|-------------------|---------------|----|-------|----------|
|                   | YES, SOME ARE |    | PR200 | (PR1155) |
|                   | NO, NONE ARE  |    | PR190 | (PR1150) |
|                   | REFUSED       | RF | PR190 | (PR1150) |
|                   | DON'T KNOW    | DK | PR190 | (PR1150) |

| Display<br>Instructions:  | Roster 1 – Report Roster Definition:<br>Use PR170 definition.<br>Roster filter:<br>Use PR170 filter.  |
|---------------------------|---|
|                           | Display RU members' first, middle, and last names (Person.FullName) in the question text.<br>Substitute "you" for the person's name if the respondent is included in this list. If exactly<br>two names displayed, separate names with the word "and" and no comma. If more than<br>two names listed, separate names using commas, except for between the last two names<br>displayed. Between the last two names displayed, separate names using the word "and". |
|                           | Display '{are/is}' if not round 5. Display '{were/was}' if round 5.   |
|                           | Display 'is' or 'was' if the list includes 1 person who is not the respondent. Otherwise, display 'are' or 'were'.  |
|                           | Display 'Medicaid' if state in which interview is being conducted uses the name 'Medicaid'.<br>Display 'STATE NAME FOR MEDICAID' (substituting the state name for the program) if the<br>state in which interview is being conducted does not use the name 'Medicaid'. For the<br>specific Medicaid program name by state to display, see the plan fill file.   |
|                           | Display 'or STATE CHIP NAME' under all conditions, substituting the real state name for program. For the specific name to use by state, see the plan fill file.   |
|                           | Display 'between {START DATE} and {END DATE}' if round 5. Otherwise, use a null display.  |
|                           |   |
| Testing/Editing<br>Notes: | Variable collected at MEPSSpring2018.HX_Main.PR_Main<br>Variable stored at MEPSSpring2018.HX_Main.PR_Main   |

| MEPS_V2          |                 |                       | <b>Old Public</b> | Related Insurance (PR) Section |
|------------------|-----------------|-----------------------|-------------------|--------------------------------|
| Full Detail Spec |                 |                       |                   |                                |
| <u>PR190</u>     | <u>(PR1150)</u> | BLAISE NAME: CaidPr   | imaryMD           |                                |
| Item Type:       | Question        | Field kind: Datafield | ArrayMin:         | Min value:                     |
| Type Class:      | Enumerated      | Field Size:           |                   |                                |
| Answer Type:     | THMOSIGND_1     | Answers allowed: 1    | ArrayMax:         | Max value:                     |
|                  |                 |                       |                   |                                |
|                  |                 |                       |                   |                                |

Help Available (PROGDRHelp)

 $\Box$  Show Card ( )

Look Up File ()

#### **Question Text:**

{Does /Between {START DATE} and {END DATE}, did} {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} require {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

| <b>Responses:</b> | YES, ALL REQUIRED 1  | PR200  | (PR1155) |
|-------------------|----------------------|--------|----------|
|                   | YES, SOME REQUIRED 2 | PR200  | (PR1155) |
|                   | NO, NONE REQUIRED    | BOX_70 | (PR1160) |
|                   | REFUSED RF           | BOX_70 | (PR1160) |
|                   | DON'T KNOW DK        | BOX_70 | (PR1160) |

ProgrammerNote: If coded '3' (NO, NONE REQUIRED), 'RF' (REFUSED), or 'DK' (DON'T KNOW),<br/>there is no insurer associated with the current round for Medicaid/SCHIP.

**Display** Instructions: Roster 1- Report

> Roster definition: Use PR170 definition.

Roster filter: Use PR170 filter.

Display RU members' first, middle, and last names (Person.FullName) in question text. Substitute "you" for the person's name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display 'Does' if not round 5. Display 'Between {START DATE} and {END DATE}, did' if round 5.

Display 'Medicaid' if state in which interview is being conducted uses the name 'Medicaid'. Display 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) if the state in which interview is being conducted does not use the name 'Medicaid'. For the specific Medicaid program name to display by state, see the plan fill file.

Display 'or STATE CHIP NAME' under all conditions, substituting the real state name for program. For the specific name to display by state, see the plan fill file.

Testing/EditingVariable collected at MEPSSpring2018.HX\_Main.PR\_MainNotes:Variable stored at MEPSSpring2018.HX\_Main.PR\_Main

| MEPS_V2<br>Full Detail Spec            |  |                                   |               | Old Pu        | blic Related          | Insurance (PR) Section  |
|--|--|-----------------------------------|---------------|---------------|-----------------------|---|
| <u>PR200</u>                           | <u>(PR1155)</u>                        | BLAISE NA                         | ME: CaidPla   | anName        |                       |   |
| Item Type:                             | Question                               | Field kind:                       |               | ArrayMi       | n: Min                | value:  |
| Type Class:                            | String                                 | Field Size:                       | 25            | -             |                       |   |
| Answer Type:                           | {Continuous Answ                       | ver.} Answers                     | allowed: 1    | ArrayMa       | x: Max                | value:  |
|  |  |                                   |               |               |                       |   |
| Help Available (                       | )                                      |                                   | how Card (    | )             |                       | $\Box$ Look Up File ( )   |
| Question Text:                         |  |                                   |               |               |                       |   |
| What is the name of {HMO/health insura |  | ATE NAME F                        | OR MEDIC      | AID} } or {\$ | STATE CHI             | P NAME}   |
| ENTER PLAN NAM                         | МЕ                                     |                                   |               |               |                       |   |
| Responses:                             |  |                                   |               |               | BOX_70                | (PR1160)  |
|  | REFUSED                                |                                   |               | RF            | BOX_70                | (PR1160)  |
|  | DON'T KNOW                             |                                   |               | DK            | BOX_70                | (PR1160)  |
| Programmer<br>Instructions:            | Set Insurance.Ins                      | urer= PR200                       |               |               |                       |   |
| Display<br>Instructions:               | Display 'STATE<br>THE PROGRAM          | NAME FOR M<br>(1) if the state in | IEDICAID'     | (SUBSTITU     | JTING THE g conducted | s the name 'Medicaid'.<br>STATE NAME FOR<br>does not use the name<br>ate, see the plan fill file. |
|  | Display 'or STAT<br>program. For the   |                                   |               |               | 0                     | he real state name for le.  |
|  | Display 'HMO' if<br>insurance' if PR1  |                                   |               |               |                       | ARE). Display 'health<br>⁄IE REQUIRED).   |
| Testing/Editing<br>Notes:              | Variable collecte<br>Variable stored a |                                   |               |               |                       |   |
| BOX_70                                 | ( <u>PR1160)</u>                       | Item Type: Ro                     | oute          | Туре С        | lass: If The          | 1   |
| Route Details:                         | If round 2, round                      | 3, or round 4 c                   | continue with | PR210.        |                       |   |
|  |  |                                   |               |               |                       |   |
|  | Otherwise, (i.e. r                     | ouliu <i>5)</i> , go to I         | DUA_90.       |               |                       |   |

| MEPS_V2          |                 |                         | Old Public | Related Insurance (PR) Section |
|------------------|-----------------|-------------------------|------------|--------------------------------|
| Full Detail Spec |                 |                         |            |                                |
| <u>PR210</u>     | <u>(PR1165)</u> | BLAISE NAME: CaidPa     | yPrem      |                                |
| Item Type:       | Question        | Field kind: Datafield   | ArrayMin:  | Min value:                     |
| Type Class:      | Enumerated      | Field Size:             |            |                                |
| Answer Type:     | TWHOCOVER       | EDPA Answers allowed: 1 | ArrayMax:  | Max value:                     |
|                  |                 |                         |            |                                |

Help Available (PREMPAYHelp)

 $\Box$  Show Card ( )

 $\Box$  Look Up File ( )

#### Question Text:

Is there a monthly premium for {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} for the coverage through {{CURRENT ROUND'S MEDICAID/SCHIP INSURER} /{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}}?

[Do not include the cost of any copayments, coinsurance, or deductibles anyone in the family may have had to pay.]

READ IF NECESSARY: A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs.

| <b>Responses:</b> | YES, EVERYONE COVERED PAYS 1 | BOX_80 | (PR1175) |
|-------------------|------------------------------|--------|----------|
|                   | YES, SOME COVERED PAY 2      | PR220  | (PR1170) |
|                   | NO, NO ONE COVERED PAYS 3    | BOX_90 | (PR1200) |
|                   | REFUSED RF                   | BOX_90 | (PR1200) |
|                   | DON'T KNOW DK                | BOX_90 | (PR1200) |

 Programmer
 Placeholder for MHOP specifications. This will be deleted once those specifications are available.

 Instructions:
 If coded '1' (YES, EVERYONE COVERED PAYS) at PR210 (HOME.PRMEDPRE), code POND NEDMNITUP for each person in the restor at PR220 os '1' (PAYS FOR COVERACION).

PRND.MEDMNTHP for each person in the roster at PR220 as '1' (PAYS FOR COVERAGE DURING THE CURRENT ROUND.)

If coded '3' (NO, NO ONE COVERED PAYS) at PR210 (HOME.PRMEDPRE), code PRND.MEDMNTHP for each person in the roster at PR220 as '2' (DOES NOT PAY FOR COVERAGE DURING THE CURRENT ROUND.)

If coded RF or DK OR -9 (WHETHER EVERYONE IS COVERED IS MISSING) at PR210 (HOME.PRMEDPRE), code PRND.MEDMNTHP equal to the missing value HOME.PRMEDPRE for each person in the PR220 roster.

Leave PRND.MEDGOVP blank (NO VALUE) for any RU member not on the roster at PR220.

**Display** Roster 1- Report Instructions:

> Roster definition: Use PR170 definition.

Roster filter: Use PR170 filter.

Display RU members' first, middle, and last names (Person.FullName) in question text. Substitute "you" for the person's name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display '{CURRENT ROUND'S MEDICAID/SCHIP INSURER}' if there is a current round insurer associated with the Medicaid/SCHIP insurance that is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR170=2, RF, DK and there was a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR200 was answered, the current insurer was set there). Otherwise, display '{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}'.

For '{CURRENT ROUND'S MEDICAID/SCHIP INSURER}', display the actual plan name for the current round Medicaid/SCHIP insurer (Insurance.Insurer). This may be a preloaded value set to the current value or the value entered at PR200.

Display 'Medicaid' if state in which interview is being conducted uses the name 'Medicaid'. Display 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) if the state in which interview is being conducted does not use the name 'Medicaid'. For the specific Medicaid program name to display by state, see the plan fill file.

Display 'or STATE CHIP NAME' under all conditions, substituting the real state name for

| MEPS_V2<br>Full Detail Spec |   |   | Old Pub    | lic Related | Insurance (PR) Section |  |  |
|-----------------------------|---|---|------------|-------------|------------------------|--|--|
| -                           | program. For the specific name to display by state, see the plan fill file. |   |            |             |                        |  |  |
| Testing/Editing<br>Notes:   |   | cted at MEPSSpring2018.HX<br>d at MEPSSpring2018.HX_N |            |             |                        |  |  |
| <u>PR220</u>                | <u>(PR1170)</u>   | BLAISE NAME: CaidP                                    | -          |             |                        |  |  |
| Item Type:                  | Question  | Field kind: Datafield                                 | ArrayMin   | : Min       | value:                 |  |  |
| Type Class:                 | Enumerated  | Field Size:   | ~ • • • •  |             |                        |  |  |
| Answer Type:                | TFIRSTMIDLA   | STNA Answers allowed: 99                              | 9 ArrayMax | : Max       | value:                 |  |  |
| □ Help Available            | ( )   | $\Box$ Show Card (                                    | )          |             | □ Look Up File ( )     |  |  |
| Question Text:              |   |   |            |             |                        |  |  |
| Who has a monthly           | premium for that  | coverage?   |            |             |                        |  |  |
| PROBE: Anyone el            | lse?  |   |            |             |                        |  |  |
| ENTER ALL THA               |   |   |            |             |                        |  |  |
|                             |   |   |            |             | HELP: F1               |  |  |
| Responses:                  | {FIRST NAMI<br>NAME}1   | E [MIDDLE NAME] LAST                                  | 1          | BOX_80      | (PR1175)               |  |  |
|                             | ,   | E [MIDDLE NAME] LAST                                  | 2          | BOX_80      | (PR1175)               |  |  |
|                             | {FIRST NAMI<br>NAME}3   | E [MIDDLE NAME] LAST                                  | 3          | BOX_80      | (PR1175)               |  |  |
|                             | {FIRST NAMI<br>NAME}4   | E [MIDDLE NAME] LAST                                  | 4          | BOX_80      | (PR1175)               |  |  |
|                             | {FIRST NAMI<br>NAME}N   | E [MIDDLE NAME] LAST                                  | 5          | BOX_80      | (PR1175)               |  |  |

| Programmer<br>Instructions: | Roster Behav<br>1. Multiple se                 | ior:<br>elect allowed.                                  |  |    |
|-----------------------------|--|---|--|----|
|                             | available.<br>Code PRND.N                      |   | will be deleted once those specifications are<br>COVERAGE DURING THE CURRENT<br>ster who are selected. |    |
|                             |  |   | PAY FOR COVERAGE DURING THE R220 roster who are not selected.  |    |
|                             | Leave PRND.                                    | MEDGOVP blank (NO VALUE)                                | for any RU member not on the roster at PR22  | 0. |
| Display<br>Instructions:    | Roster 2 – no<br>Roster defini<br>Use PR170 de |   |  |    |
|                             | Roster filter:<br>Use PR170 fil                | ter.  |  |    |
| Testing/Editing<br>Notes:   |  | ected at MEPSSpring2018.HX<br>ed at MEPSSpring2018.HX_N |  |    |
| <u>BOX_80</u>               | <u>(PR1175)</u>                                | Item Type: Route  | Type Class: If Then  |    |
| Route Details:              | If round 3, co<br>Otherwise, go                | ontinue with PR230.<br>to PR250.                        |  |    |

| MEPS_V2          |                 |                              | Old Public | Related Insurance (PR) Section |
|------------------|-----------------|------------------------------|------------|--------------------------------|
| Full Detail Spec |                 |                              |            |                                |
| <u>PR230</u>     | <u>(PR1180)</u> | BLAISE NAME: CaidCo          | ovgAmt     |                                |
| Item Type:       | Question        | Field kind: Datafield        | ArrayMin:  | Min value: 0                   |
| Type Class:      | Real            | Field Size: 9,2              |            |                                |
| Answer Type:     | {Continuous A   | Answer. } Answers allowed: 1 | ArrayMax:  | Max value: 999999.99           |
|                  |                 |                              |            |                                |

 $\Box$  Help Available ( )

 $\Box$  Show Card ( )

 $\Box$  Look Up File ( )

#### **Question Text:**

How much is the premium for {the {CURRENT ROUND'S MEDICAID/SCHIP INSURER}/that} coverage?

IF MORE THAN ONE PERSON PAYS A PREMIUM FOR THIS COVERAGE, SAY: Please give me the total amount for premiums paid by all individuals with this coverage.

USE CTRL+Z TO ACCESS CALCULATOR TO ADD ALL PREMIUMS.

| <b>Responses:</b>           |  | PR240   | (PR1185) |  |  |
|-----------------------------|--|---------|----------|--|--|
|                             | REFUSED RF   | PR250   | (PR1195) |  |  |
|                             | DON'T KNOW DK  | PR250   | (PR1195) |  |  |
| Programmer<br>Instructions: | Allow for the entry of dollars and cents.  |         |          |  |  |
| Display<br>Instructions:    | Display PR230, PR240, and PR240OS on the same for  | m pane. |          |  |  |
|                             | Display 'the {CURRENT ROUND'S MEDICAID/SCHIP INSURER}' if there is a current round insurer associated with the Medicaid/SCHIP insurance that is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR170=2, RF, DK and there was a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR200 was answered, the current insurer was set there). Otherwise, display 'that'. |         |          |  |  |
|                             | For '{CURRENT ROUND'S MEDICAID/SCHIP INSURER}',<br>current round Medicaid/SCHIP insurer (Insurance.Insu<br>the current value or the value entered at PR200.  |         |          |  |  |
| Testing/Editing<br>Notes:   | Variable collected at MEPSSpring2018.HX_Main.PR_<br>Variable stored at MEPSSpring2018.HX_Main.PR_M   |         |          |  |  |

| MEPS_V2          |                 |                       | Old Public | Related Insurance (PR) Section |
|------------------|-----------------|-----------------------|------------|--------------------------------|
| Full Detail Spec |                 |                       |            |                                |
| <u>PR240</u>     | <u>(PR1185)</u> | BLAISE NAME: CaidCo   | ovgUnit    |                                |
| Item Type:       | Question        | Field kind: Datafield | ArrayMin:  | Min value:                     |
| Type Class:      | Enumerated      | Field Size:           |            |                                |
| Answer Type:     | TCOVERAGETIM    | E Answers allowed: 1  | ArrayMax:  | Max value:                     |
|                  |                 |                       |            |                                |

Help Available ( )

 $\Box$  Show Card ( )

Look Up File ()

#### **Question Text:**

[How much is the premium for {the {CURRENT ROUND'S MEDICAID/SCHIP INSURER}/that} coverage?

IF MORE THAN ONE PERSON PAYS A PREMIUM FOR THIS COVERAGE, SAY: Please give me the total amount for premiums paid by all individuals with this coverage.

USE CTRL+Z TO ACCESS CALCULATOR TO ADD ALL PREMIUMS.]

Is that per year, per month, per week, or what?

| <b>Responses:</b> | PER YEAR 1                         | PR250   | (PR1195) |
|-------------------|------------------------------------|---------|----------|
|                   | EVERY 3 MONTHS (QUARTERLY) 2       | PR250   | (PR1195) |
|                   | EVERY 2 MONTHS (BIMONTHLY) 3       | PR250   | (PR1195) |
|                   | PER MONTH 4                        | PR250   | (PR1195) |
|                   | PER WEEK                           | PR250   | (PR1195) |
|                   | EVERY 2 WEEKS (BIWEEKLY) 6         | PR250   | (PR1195) |
|                   | 2 TIMES PER YEAR (SEMI-ANNUALLY) 7 | PR250   | (PR1195) |
|                   | 2 TIMES PER MONTH (SEMI-MONTHLY) 8 | PR250   | (PR1195) |
|                   | OTHER                              | PR240OS | (PR1190) |
|                   | REFUSED RF                         | PR250   | (PR1195) |
|                   | DON'T KNOW DK                      | PR250   | (PR1195) |

| Display<br>Instructions: | Display PR230, PR240, and PR240OS on the same form pane.   |
|--------------------------|--|
|                          | Display "How much ADD ALL PREMIUMS." in brackets and grayed out text.  |
|                          | Display 'the {CURRENT ROUND'S MEDICAID/SCHIP INSURER}' if there is a current round insurer associated with the Medicaid/SCHIP insurance that is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR170=2, RF, DK and there was a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR200 was answered, the current insurer was set there). Otherwise, display 'that'. |
|                          | For '{CURRENT ROUND'S MEDICAID/SCHIP INSURER}', display the actual plan name for the current round Medicaid/SCHIP insurer (Insurance.Insurer). This may be a preloaded set to  |
|                          |  |

Testing/EditingVariable collected at MEPSSpring2018.HX\_Main.PR\_MainNotes:Variable stored at MEPSSpring2018.HX\_Main.PR\_Main

| <u>PR240OS</u> | <u>(PR1190)</u> | BLAISE NAME: CaidCo        | ovgUnitOS |            |  |
|----------------|-----------------|----------------------------|-----------|------------|--|
| Item Type:     | Question        | Field kind: Datafield      | ArrayMin: | Min value: |  |
| Type Class:    | String          | Field Size: 30             |           |            |  |
| Answer Type:   | {Continuous An  | nswer.} Answers allowed: 1 | ArrayMax: | Max value: |  |

| 🗌 Help Available ( | ) |  |
|--------------------|---|--|
|--------------------|---|--|

 $\Box$  Show Card ( )

 $\Box$  Look Up File ( )

#### Question Text:

[How much is the premium for {the {CURRENT ROUND'S MEDICAID/SCHIP INSURER}/that} coverage?

IF MORE THAN ONE PERSON PAYS A PREMIUM FOR THIS COVERAGE, SAY: Please give me the total amount for premiums paid by all individuals with this coverage.

USE CTRL+Z TO ACCESS CALCULATOR TO ADD ALL PREMIUMS.]

| <b>Responses:</b> |            |    | PR250 | (PR1195) |
|-------------------|------------|----|-------|----------|
|                   | REFUSED    | RF | PR250 | (PR1195) |
|                   | DON'T KNOW | DK | PR250 | (PR1195) |

| Display  | Display PR230. P  | R240, and PR240OS on the                                    | same form pane   |  |  |  |
|--|---|---|--|--|--|--|
| Instructions:  | Display "How much ADD ALL PREMIUMS." in brackets and grayed out text. |   |  |  |  |  |
|  |   |   |  |  |  |  |
|  | insurer associate<br>(Check Insurance<br>preloaded insure             | ed with the Medicaid/SCHIP<br>e.Insurer – if PR170=2, RF, E | insurance that i<br>OK and there was<br>surer. Or if PR200 | Y if there is a current round<br>s not 'RF' or 'DK' or EMPTY.<br>s a preloaded insurer, the<br>D was answered, the current |  |  |
|  | current round M   |   | irance.Insurer). T   | y the actual plan name for the<br>his may be a preloaded set to  |  |  |
| Testing/Editing<br>Notes:                                  |   | d at MEPSSpring2018.HX<br>tht MEPSSpring2018.HX_M           |  |  |  |  |
| <u>PR250</u>   | <u>(PR1195)</u>   | <u>BLAISE NAME:</u> CaidPr                                  | remSubsdz  |  |  |  |
| Item Type:   | Question  | Field kind: Datafield                                       | ArrayMin:  | Min value:   |  |  |
| Type Class:  | Enumerated  | Field Size:   |  |  |  |  |
| Answer Type:   | TYESNO  | Answers allowed: 1  | ArrayMax:  | Max value:   |  |  |
|  |   |   | · ·  |  |  |  |
| Help Available (   | ( )   | □ Show Card (   | )  | Look Up File ()  |  |  |
| -  | ( )   | □ Show Card (   | )  | □ Look Up File ( )   |  |  |
| Question Text:   |   | Show Card (   | ,  | □ Look Up File ( )   |  |  |
| <b>Question Text:</b><br>{PLAN NAME: {C                    | URRENT ROUND  |   | ,  | □ Look Up File ( )   |  |  |
| Question Text:<br>{PLAN NAME: {C<br>Is the cost of the pre | URRENT ROUND<br>emium subsidized b                                    | 'S MEDICAID/SCHIP INS                                       | SURER}}  | □ Look Up File ( )<br>0X_90 (PR1200)   |  |  |
| Question Text:<br>{PLAN NAME: {C<br>Is the cost of the pre | URRENT ROUND<br>emium subsidized b<br>YES                             | 'S MEDICAID/SCHIP INS ased on family income?                | SURER}}  |  |  |  |
| Question Text:<br>{PLAN NAME: {C                           | URRENT ROUND<br>emium subsidized b<br>YES<br>NO                       | 'S MEDICAID/SCHIP INS ased on family income?                | SURER}}  | PX_90 (PR1200)   |  |  |

| MEPS_V2          |
|------------------|
| Full Detail Spec |

| Display<br>Instructions:  | a current rou<br>'DK' or EM<br>insurer, the p<br>current insur<br>For '{CURREI<br>current rour | nd insurer associated with the<br>PTY. (Check Insurance.Insure<br>oreloaded insurer was set to the<br>er was set there). Otherwise, u | P INSURER}', display the actual plan name for the surance.Insurer). This may be a preloaded set to |  |
|---------------------------|--|---|--|--|
| Testing/Editing<br>Notes: |  | lected at MEPSSpring2018.H2<br>red at MEPSSpring2018.HX_  |  |  |
| <u>BOX_90</u>             | <u>(PR1200)</u>  | Item Type: Route  | Type Class: If Then  |  |
| Route Details:            | previous rou<br>Preload.Insu<br>Preload.Cov<br>Preload.Insu                                    | nd (at least one RU member w  |  |  |

| MEPS_V2          |                 |                       | Old Public | Related Insurance (PR) Section |
|------------------|-----------------|-----------------------|------------|--------------------------------|
| Full Detail Spec |                 |                       |            |                                |
| PR260 01         | <u>(PR1205)</u> | BLAISE NAME: ConfM    | ilitHI     |                                |
| Item Type:       | Question        | Field kind: Datafield | ArrayMin:  | Min value:                     |
| Type Class:      | Enumerated      | Field Size:           |            |                                |
| Answer Type:     | TYESNO          | Answers allowed: 1    | ArrayMax:  | Max value:                     |

Help Available (CHAMPTRIHelp)

 $\Box$  Show Card ( )

 $\Box$  Look Up File ( )

### **Question Text:**

During the last interview, we recorded that {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON N} {was/were} covered by military health care, such as TRICARE, CHAMPVA, or VA coverage.

{Have you/Has {PERSON 1} been covered by military health care, such as TRICARE, CHAMPVA or VA coverage <u>at any time</u> {since {START DATE}/between {START DATE} and {END DATE}}?

HELP:F1

**Responses:** 

| YES        |      |
|------------|------|
| NO         |      |
| REFUSED    | RF   |
| DON'T KNOW | V DK |

| Programmer<br>Instructions: | Preloaded grid type 1: forced navigation including PR260_01, PR260_02, PR260_03, PR260_04, PR260_N.   |
|-----------------------------|---|
|                             | After grid completion, continue with BOX_100.   |
|                             |   |
|                             |   |
| Display<br>Instructions:    | Roster 1-Report no add/edit/delete allowed. Format the following columns on the form pane.  |
|                             | Col#1: RU Member<br>Instructions: Display RU members' First Middle and Last name (Person.FullName)  |
|                             | Roster Filter:<br>Display only those RU members who were "COVERED BY MILITARY HEALTH" at any time<br>during the previous round (RU members where Preload.Insurance.HISrc=Military,<br>Preload.Insurance.Plcyhldr=PersID where Person.MostRecentRU=RUUnit and<br>Preload.CovdPers.LRndCovd ={previous round number}.   |
|                             | For the display of person names in the first paragraph: {PERSON 1}, {PERSON 2},<br>{PERSON 3}, {PERSON N}, display the list of RU members who were "COVERED BY MILITARY<br>HEALTH" at any time during the previous round. Display first names only. Substitute "you"<br>for the person's first name if the respondent is included in this list. If exactly two names<br>displayed, separate names with the word "and" and no comma. If more than two names<br>listed, separate names using commas, except for between the last two names displayed.<br>Between the last two names displayed, separate names using the word "and". |
|                             | Display 'was' if only one name is listed and that person is not the current respondent.<br>Otherwise, display 'were'.<br>Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and<br>{END DATE}' if round 5.  |
|                             | Display variable question text: Replace "{Have you/Has {PERSON 1}} been covered and<br>{END DATE}}?" with:<br>PR260_02: What about {PERSON 2}?<br>PR260_03: What about {PERSON 3}?  |
|                             | PR260_04: What about {PERSON N}? Has {he/she} been covered by military health care,<br>such as TRICARE, CHAMPVA, or VA coverage <u>at any time {</u> since {START DATE}/between<br>{START DATE} and {END DATE}}?  |
|                             | PR260_N: Repeat question text PR260_02-PR260_N for as many RU members that fit the roster filter criteria.  |
|                             | Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.  |
|                             | Display first paragraph of question text in brackets and grayed out text when on PR260_02 – PR260_N. Display in bold black and no brackets when on PR260_01.  |

Testing/EditingVariable collected at MEPSSpring2018.HX\_Main.PR\_MainNotes:Variable stored at MEPSSpring2018.HX\_Main.PR\_Main

| <u>BOX 100</u> | <u>(PR1210)</u> | Item Type: Route              | Type Class    | : If Then           |   |
|----------------|-----------------|-------------------------------|---------------|---------------------|---|
|                |                 |                               |               |                     |   |
| Route Details: | If all current  | RU members are displayed at I | PR260_01-PR26 | 0_N, go to BOX_110. |   |
|                | Otherwise, c    | ontinue with PR270_01.        |               |                     |   |
|                |                 |                               |               |                     |   |
|                |                 |                               |               |                     |   |
|                |                 |                               |               |                     |   |
| PR270_01       | (PR1215)        | BLAISE NAME: OthMr            | nbMilitHI     |                     |   |
| Item Type:     | Question        | Field kind: Datafield         | ArrayMin:     | Min value:          |   |
| Type Class:    | Enumerated      | Field Size:                   |               |                     |   |
| Answer Type:   | TYESNO          | Answers allowed: 1            | ArrayMax:     | Max value:          |   |
|                |                 |                               |               |                     |   |
| ✓ Help Availab | le (CHAMPTRIHe  | elp) Show                     | Card ( )      | 🗌 Look Up File (    | ) |

#### **Question Text:**

Besides the people we've just talked about, please think about whether any additional household members have been covered by military health care, such as TRICARE, CHAMPVA, or VA coverage <u>at any time {since {START DATE}/between {START DATE}</u> and {END DATE}}?

Previously, we've recorded that {MILITARY PERSON 1, MILITARY PERSON 2, MILITARY PERSON N} {is/are} {full-time active duty in the Armed Forces} {or} {honorably discharged from active duty}.}

{Have you/Has {PERSON 1}} been covered by military health care, such as TRICARE, CHAMPVA, or VA coverage <u>at any time {since {START DATE}/between {START DATE}</u> and {END DATE}}?

HELP:F1

| Responses: | YES           | 1 |
|------------|---------------|---|
|            | NO            | 2 |
|            | REFUSED R     | F |
|            | DON'T KNOW DI | K |

| Programmer<br>Instructions: | <ul> <li>Preloaded grid type 1: Forced navigation including PR270_01, PR270_02, PR270_03, PR270_04, PR270_N.</li> <li>After grid completion, continue with BOX_110.</li> <li>For each person coded '1' (YES), create insurance through Military health care for this person [set Insurance.HIPubPriv=Public and Insurance.HISrc=Military and Insurance.HISrcName=Military Health and Insurance.Plcyhldr = PersID and</li> </ul>  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|
|                             |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |
| Display<br>Instructions:    | Roster 1-Report no add/edit/delete allowed.  |  |  |  |  |  |
|                             | Format the following columns on the form pane.   |  |  |  |  |  |
|                             | Col#1: RU Member<br>Instructions: Display RU members' First Middle and Last name (Person.FullName)   |  |  |  |  |  |
|                             | Roster Filter:<br>Display only those RU members who were not covered by MILITARY HEALTH at any time<br>during the previous round (including newly added RU members), that is any RU member not<br>displayed at PR260_01.   |  |  |  |  |  |
|                             | Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.   |  |  |  |  |  |
|                             | Display variable question text. Replace "{Have you/Has {PERSON 1}} been covered and {END DATE}}?" with:<br>PR270_02: What about {PERSON 2}?<br>PR270_03: What about {PERSON 3}?<br>PR270_04: What about {PERSON N}? Has {he/she} been covered by military health care, such as TRICARE, CHAMPVA, or VA coverage <u>at any time {since {START DATE}/between {START DATE}</u> and {END DATE}?<br>PR270_N: Repeat question text PR270_02-PR270_N for as many RU members that fit the roster filter criteria.    |  |  |  |  |  |
|                             | Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.   |  |  |  |  |  |
|                             | Display first two paragraphs of question text in brackets and grayed out text when on PR270 _ 02 – PR270_N. Display in bold black and no brackets when on PR270_01.  |  |  |  |  |  |
|                             | The second paragraph makes use of a separate list of names.  |  |  |  |  |  |
|                             | Display 'Previously, we've recorded that {MILITARY PERSON 1, MILITARY PERSON 2,<br>MILITARY PERSON N} {is/are} {full-time active duty in the Armed Forces} {or}<br>{honorably discharged from active duty}.' if at least one current RU member eligible to be<br>displayed at PR270_01 grid is currently FT active duty (Person.FTADuty=Yes) or honorably<br>discharged from the Armed Forces in any round [Person.HonDisch=Yes (preloaded value or<br>current round value)]. Otherwise, use a null display. |  |  |  |  |  |
|                             | Display 'full-time active duty in the Armed Forces' if at least one current RU member eligible to be displayed at PR270_01 grid is currently FT active duty. Otherwise, use a null display.  |  |  |  |  |  |

| MEPS_V2<br>Full Detail Spec | Old Public Related Insurance (PR) Section  |  |  |  |
|-----------------------------|--|--|--|--|
|                             | Display 'honorably discharged from active duty' if at least one RU member eligible to be displayed at PR270_01 grid has been honorably discharged in any round. Otherwise, use a null display.   |  |  |  |
|                             | Display 'or' if there is at least one current RU member who is FT active duty <b>and</b> one current RU member who is honorably discharged in any round. Otherwise, use a null display.  |  |  |  |
|                             | For '{MILITARY PERSON 1, MILITARY PERSON 2, MILITARY PERSON N}', Display the<br>firstnames of all RU members who are either currently FT active duty or honorably<br>discharged from the Armed Forces in any round. Separate the names using a comma and<br>substitute 'you' if the respondent's name is part of the list. If exactly two names displayed,<br>separate names with the word "and" and no comma. If more than two names listed,<br>separate names using commas, except for between the last two names displayed. Between<br>the last two names displayed, separate names using the word "and". |  |  |  |
|                             | Display 'is' if only one person listed and that person is not selected as respondent.<br>Otherwise, display 'are'.   |  |  |  |
| Testing/Editing<br>Notes:   | Variable collected at MEPSSpring2018.HX_Main.PR_Main<br>Variable stored at MEPSSpring2018.HX_Main.PR_Main  |  |  |  |
| <u>BOX_110</u>              | (PR1220) Item Type: Route Type Class: If Then  |  |  |  |
| Route Details:              | If at least one RU member "COVERED BY MILITARY HEALTH" during the current round, that is, at least one RU member was coded as '1' (YES) at PR260_01-PR260_N or PR270_01-PR270_N, continue with PR280_01.<br>Otherwise, go to BOX_130.  |  |  |  |
| Programmer<br>Instructions: |  |  |  |  |

|                     |                         |                      | 014 1 40110 1 | Related Insurance (PR) Section |
|---------------------|-------------------------|----------------------|---------------|--------------------------------|
| Full Detail Spec    |                         |                      |               |                                |
| <u>PR280_01</u> (PF | <u>R1225)</u> <u>BI</u> | LAISE NAME: CodeAl   | lMilitPlanPR  |                                |
| Item Type: Que      | estion <b>F</b>         | ield kind: Datafield | ArrayMin:     | Min value:                     |
| Type Class: Enu     | umerated F              | ield Size:           |               |                                |
| Answer Type: TM     | IILITARYCOVER           | Answers allowed: 6   | ArrayMax:     | Max value:                     |

Help Available (CHAMPTRIHelp)

 $\Box$  Show Card ( )

 $\Box$  Look Up File ( )

### **Question Text:**

What types of military health coverage {do/does} {you/PERSON 1}} have? {Do you/Does {he/she}} have TRICARE Standard, TRICARE Prime, TRICARE Extra, TRICARE for Life, CHAMPVA, or VA (Veteran's Administration)?

### ENTER ALL THAT APPLY.

| <b>Responses:</b> | TRICARE STANDARD 1            |
|-------------------|-------------------------------|
|                   | TRICARE PRIME 2               |
|                   | TRICARE EXTRA 3               |
|                   | TRICARE FOR LIFE 4            |
|                   | CHAMPVA 5                     |
|                   | VA (VETERAN'S ADMINISTRATION) |

| Programmer<br>Instructions: | Preloaded grid type 1: Forced navigation including PR280_01, PR280_02, PR280_03,<br>PR280<br>_04, PR280_N<br>After grid completion, continue with BOX_120.   |  |  |  |  |
|-----------------------------|--|--|--|--|--|
| Display<br>Instructions:    | Roster 1-Report no add/edit/delete allowed. Format the following columns on the form pane.<br>Col#1: RU Member<br>Instructions: Display RU members' First Middle and Last name (Person.FullName)   |  |  |  |  |
|                             | Roster Filter:<br>Display only those RU members "COVERED BY MILITARY HEALTH" during the current round,<br>that is, PR260_01 – PR260_N or PR270_01 – PR270_N is coded '1' (YES) for this person.  |  |  |  |  |
|                             | Display variable question text. Replace "What types Administration)?" with:<br>PR280_02: What about {PERSON 2}?<br>PR280_03: What about {PERSON 3}?<br>PR280_04: What about {PERSON N}? Does {he/she} have TRICARE Standard, TRICARE Prime,<br>TRICARE Extra, TRICARE for Life, CHAMPVA, or VA (Veteran's Administration)?<br>PR280_N: Repeat question text PR280_02-PR280_N for as many RU members that fit the<br>roster filter criteria.  |  |  |  |  |
|                             | Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.   |  |  |  |  |
| Testing/Editing<br>Notes:   | Variable collected at MEPSSpring2018.HX_Main.PR_Main.CodeAllMilitPlanPR[125]<br>Variable stored at MEPSSpring2018.HX_Main.PR_Main.CodeAllMilitPlanPR[125]  |  |  |  |  |
| BOX_120                     | (PR1230) Item Type: Route Type Class: If Then  |  |  |  |  |
| Route Details:              | Ask the time period covered detail (HQ) section for this insurance.<br>This instance of the HQ section collects time period coverage detail for all RU members<br>that are covered by MILITARY HEALTH in the current round. The grid for the HQ section<br>should be preloaded with insurance that meets both of the following conditions:<br>-Insurance source is Military Health [Insurance.HISrc=Military]<br>And<br>-Person is "COVERED BY MILITARY HEALTH" during the current round, that is, either<br>PR260_01-PR260_N or PR270_01-PR270_N is coded '1' (YES) for this person.<br>At completion of HQ section, continue with BOX_130. |  |  |  |  |

| <u>BOX_130</u> | <u>(PR1235)</u>                             | Item Type: Route                | Type Class: If Then |
|----------------|---|---------------------------------|---------------------|
|                |   |                                 |                     |
| Route Details: | during the p<br>Preload.Inst<br>Preload.Cov | previous round (at least one RU |                     |
|                | Otherwise,                                  | go to BOX_170.                  |                     |
|                |   |                                 |                     |

| PR290_01             | <u>(PR1240)</u> | BLAISE NAME: ConfIHSPlan |           |                         |
|----------------------|-----------------|--------------------------|-----------|-------------------------|
| Item Type:           | Question        | Field kind: Datafield    | ArrayMin: | Min value:              |
| Type Class:          | Enumerated      | Field Size:              |           |                         |
| Answer Type:         | TYESNO          | Answers allowed: 1       | ArrayMax: | Max value:              |
|                      |                 |                          |           |                         |
| ☐ Help Available ( ) |                 | $\Box$ Show Card (       | )         | $\Box$ Look Up File ( ) |

#### **Question Text:**

During the last interview, we recorded that {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON N} {was/were} enrolled in the Indian Health Service (IHS). The Indian Health Service provides health care only to eligible Alaska Natives and American Indians at its Federal hospitals and clinics.

{Were you/Was{PERSON 1}} enrolled in the Indian Health Service (IHS) <u>at any time</u> {since {START DATE}/between {START DATE} and {END DATE}}?

| <b>Responses:</b> | YES 1         |
|-------------------|---------------|
|                   | NO            |
|                   | REFUSED RF    |
|                   | DON'T KNOW DK |

| Programmer<br>Instructions: | Preloaded grid type 1: Forced navigation including PR290_01, PR290_02, PR290_03, PR290_04, PR290_N.<br>After grid completion, continue with BOX_140.  |  |  |  |  |
|-----------------------------|---|--|--|--|--|
|                             |   |  |  |  |  |
| Display<br>Instructions:    | Roster 1-Report no add/edit/delete allowed. Format the following columns on the form pane.  |  |  |  |  |
|                             | Col#1: RU Member<br>Instructions: Display RU members' First Middle and Last name (Person.FullName)  |  |  |  |  |
|                             | Roster Filter:<br>Display only those RU members who were "COVERED BY INDIAN HEALTH SERVICE" at any<br>time during the previous round (RU members where Preload.Insurance.HISrc=IHS,<br>Preload.Insurance.Plcyhldr=PersID where Person.MostRecentRU=RUUnit and<br>Preload.CovdPers.LRndCovd ={previous round number}.  |  |  |  |  |
|                             | For the display of person names in the first paragraph: {PERSON 1}, {PERSON 2},<br>{PERSON 3}, {PERSON N}, display the list of RU members who were "COVERED BY INDIAN<br>HEALTH SERVICE" at any time during the previous round. Display first names only. Substitute<br>"you" for the person's first name if the respondent is included in this list. If exactly two<br>names displayed, separate names with the word "and" and no comma. If more than two<br>names listed, separate names using commas, except for between the last two names<br>displayed. Between the last two names displayed, separate names using the word "and". |  |  |  |  |
|                             | Display 'was' if only one name is listed and that person is not the current respondent.<br>Otherwise, display 'were'.<br>Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and<br>{END DATE}' if round 5.  |  |  |  |  |
|                             | Display variable question text. Replace "{Were you/Was {PERSON 1}} enrolled and<br>{END DATE}}?" with:<br>PR290_02: What about {PERSON 2}?<br>PR290_03: What about {PERSON 3}?<br>PR290_04: What about {PERSON N}? Was {he/she} enrolled in the Indian Health Service<br>(IHS) <u>at any time {</u> since {START DATE}/between {START DATE} and {END DATE}}? PR290_N:<br>Repeat question text PR290_02-PR290_N for as many RU members that fit the roster filter<br>criteria.   |  |  |  |  |
|                             | Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.  |  |  |  |  |
|                             | Display first paragraph of question text in brackets and grayed out text when on PR290_02 – PR290_N. Display in bold black and no brackets when on PR290_01.  |  |  |  |  |
| Testing/Editing<br>Notes:   | Variable collected at MEPSSpring2018.HX_Main.PR_Main<br>Variable stored at MEPSSpring2018.HX_Main.PR_Main   |  |  |  |  |

| BOX_140        | <u>(PR1245)</u> | Item Type: Route  | Type Class    | : If Then               |
|----------------|-----------------|---|---------------|-------------------------|
| Route Details: |                 | RU members are displayed at F<br>ontinue with PR300_01. | PR290_01-PR29 | 0_N, go to BOX_150.     |
| PR300_01       | (PR1250)        | BLAISE NAME: OthMr                                      | nhIHSPlan     |                         |
| Item Type:     | Question        | Field kind: Datafield                                   | ArrayMin:     | Min value:              |
| Type Class:    | Enumerated      | Field Size:   |               |                         |
| Answer Type:   | TYESNO          | Answers allowed: 1                                      | ArrayMax:     | Max value:              |
| Help Availab   | le ( )          | $\Box$ Show Card (                                      | )             | $\Box$ Look Up File ( ) |

#### **Question Text:**

Besides the people we've just talked about, please think about whether any additional household members have been enrolled in Indian Health Services (IHS) <u>at any time</u> {since {START DATE}/between {START DATE} and {END DATE}}?

{Were you/Was {PERSON 1}} enrolled in Indian Health Services (IHS) <u>at any time</u> {since {START DATE}/between {START DATE} and {END DATE}}?

IF NECESSARY, SAY: The Indian Health Service (IHS) is the health care system for federally recognized American Indian and Alaska Natives. The IHS is not a health insurance provider but rather, it provides healthcare only to eligible Alaska Natives and American Indians at its federal hospitals and clinics.

| <b>Responses:</b> | YES 1         |
|-------------------|---------------|
|                   | NO            |
|                   | REFUSED RF    |
|                   | DON'T KNOW DK |

| Programmer<br>Instructions: | Preloaded grid type 1: Forced navigation including PR300_01, PR300_02, PR300_03, PR300<br>_04, PR300_N.<br>After grid completion, continue with BOX_150.<br>For each person coded '1' (YES), create insurance through Indian Health Service for this person [set Insurance.HIPubPriv=Public and Insurance.HISrc=IHS and Insurance.HISrcName=Indian Health Service and Insurance.Plcyhldr = PersID and  |
|-----------------------------|--|
| Display<br>Instructions:    | <ul> <li>Roster 1-Report no add/edit/delete allowed.</li> <li>Format the following columns on the form pane.</li> <li>Col#1: RU Member<br/>Instructions: Display RU members' First Middle and Last name (Person.FullName)</li> <li>Roster Filter:</li> <li>Display only those RU members who were not covered by INDIAN HEALTH SERVICE at any<br/>time during the previous round (including newly added RU members), that is any RU<br/>member not displayed at PR290_01.</li> <li>Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and<br/>{END DATE}' if round 5.</li> <li>Display variable question text. Replace "{Were you/Was{PERSON 1}} enrolled {END<br/>DATE}?" with:</li> <li>PR300_02: What about {PERSON 2}?</li> <li>PR300_03: What about {PERSON 3}?</li> <li>PR300_04: What about {PERSON N}? Was {he/she} enrolled in the Indian Health Service<br/>(IHS) at any time {since {START DATE}/between {START DATE} and {END DATE}?</li> <li>PR300_N: Repeat question text PR300_02-PR300_N for as many RU members that fit the<br/>roster filter criteria.</li> <li>Display first names only in the variable question text display. Substitute "you" for the<br/>person's first name if the respondent is included in this list.</li> <li>Display first and third paragraph of question text in brackets and grayed out text when on<br/>PR300_02 - PR300_N. Display both in bold black and no brackets when on PR300_01.</li> </ul> |
| Testing/Editing<br>Notes:   | Variable collected at MEPSSpring2018.HX_Main.PR_Main<br>Variable stored at MEPSSpring2018.HX_Main.PR_Main  |

| MEPS_V2<br>Full Detail Spec |   |                                 | Old Public Related Insurance (PR) Section  |  |
|-----------------------------|---|---------------------------------|--|--|
| <u>BOX 150</u>              | <u>(PR1255)</u>   | Item Type: Route                | Type Class: If Then  |  |
| Route Details:              | If at least one RU member "COVERED BY INDIAN HEALTH SERVICE" during the current round, that is, at least one RU member was coded as '1' (YES) PR290_01- PR290_N or PR300_01-PR300_N, continue with BOX_160.<br>Otherwise, go to BOX_170.  |                                 |  |  |
| BOX_160                     | <u>(PR1260)</u>   | Item Type: Route                | Type Class: If Then  |  |
| Route Details:              | Ask the time period covered detail (HQ) section for this insurance.<br>This instance of the HQ section collects time period coverage detail for all RU members<br>that are covered by Indian Health Services in the current round. The grid for the HQ<br>section should be preloaded with insurance that meet both of the following conditions:<br>-Insurance source is Indian Health Service [Insurance.HISrc=IHS]<br>And<br>-Person is "COVERED BY INDIAN HEALTH SERVICE" during the current round, that is, either<br>PR290_01-PR290_N or PR300_01-PR300_N is coded '1' (YES) for this person.<br>At completion of HQ section, continue with BOX_170. |                                 |  |  |
| BOX_170                     | (PR1265)  | Item Type: Route                | Type Class: If Then  |  |
| Route Details:              | time during   | the previous round (at least or | L/PHYSICIAN as a source of insurance at any<br>le RU member where<br>surance.Plcyhldr=PersID where |  |

Person.MostRecentRU=RUUnit and Preload.CovdPers.LRndCovd

={previous round number} and Preload.Insurance.OrigRnd<>current round), continue with PR310\_01.

Otherwise, go to BOX\_240.

✓ Help Available (INSTYPESHelp)

 $\Box$  Show Card ( )

 $\Box$  Look Up File ( )

### **Question Text:**

During the last interview, we recorded that {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON N} {was/were} covered by {PRELOAD GOVT-HOSP/PHY NAME}, a program sponsored by a state or local government agency which provided hospital and physician benefits.

{Have you/Has {PERSON 1}} been covered by this program or some other program sponsored by a state or local government agency which provided hospital and physician benefits <u>at any time {since {START DATE}/between {START DATE}</u> and {END DATE}?

HELP: F1

| <b>Responses:</b> | YES 1         |
|-------------------|---------------|
|                   | NO            |
|                   | REFUSED RF    |
|                   | DON'T KNOW DK |

| Programmer<br>Instructions: | Preloaded grid type 1: Forced navigation including PR310_01, PR310_02, PR310_03, PR310<br>_04, PR310_N.  |
|-----------------------------|--|
|                             | After grid completion, continue with BOX_180.  |
|                             |  |
| Display<br>Instructions:    | Roster 1-Report no add/edit/delete allowed.  |
| Instructions:               | Format the following columns on the form pane.   |
|                             | Col#1: RU Member<br>Instructions: Display RU members' First Middle and Last name (Person.FullName)   |
|                             | Roster Filter:<br>Display only those RU members who were "COVERED BY GOV'T- HOSPITAL/PHYSICIAN" at<br>any time during the previous round (RU members where Preload.Insurance.HISrc=GHP,<br>Preload.Insurance.Plcyhldr=PersID where Person.MostRecentRU=RUUnit and<br>Preload.CovdPers.LRndCovd ={previous round number}.   |
|                             | For the display of person names in the first paragraph: {PERSON 1}, {PERSON 2},<br>{PERSON 3}, {PERSON N}, display the list of RU members who were "COVERED BY GOV'T-<br>HOSPITAL/PHYSICIAN" at any time during the previous round. Display first names only.<br>Substitute "you" for the person's first name if the respondent is included in this list. If<br>exactly two names displayed, separate names with the word "and" and no comma. If more<br>than two names listed, separate names using commas, except for between the last two<br>names displayed. Between the last two names displayed, separate names using the word<br>"and". |
|                             | For 'PRELOAD GOVT-HOSP/PHY NAME' display the name of the government program entered at HX160 or HX270 when the coverage was first created for this RU. (Preload.Insurance.GHPProgNameRndCreated)   |
|                             | Display 'was' if only one name is listed and that person is not the current respondent.<br>Otherwise, display 'were'.  |
|                             | Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.   |
|                             | Display variable question text. Replace "{Have you/Has {PERSON 1}} been covered and {END DATE}?" with:<br>PR310_02: What about {PERSON 2}? PR310_03: What about {PERSON 3}?<br>PR310_04: What about {PERSON N}? Has {he/she} been covered by a program sponsored by a state or local government agency which provided hospital and physician benefits <u>at any time</u><br>{since {START DATE}/between {START DATE} and {END DATE}}?<br>PR310_N: Repeat question text PR310_02-PR310_N for as many RU members that fit the roster filter criteria.  |
|                             | Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.   |
|                             | Display first paragraph of question text in brackets and grayed out text when on PR310_02 –  |

| MEPS_V2<br>Full Detail Spec | Old Public Related Insurance (PR) Section   |                           |             |            |  |
|-----------------------------|---|---------------------------|-------------|------------|--|
| i un Deum Spee              | PR310_N. Display in bold black and no brackets when on PR310_01.  |                           |             |            |  |
| Testing/Editing<br>Notes:   | Variable collected at MEPSSpring2018.HX_Main.PR_Main<br>Variable stored at MEPSSpring2018.HX_Main.PR_Main |                           |             |            |  |
| <u>BOX 180</u>              | <u>(PR1275)</u>   | Item Type: Route          | Type Class: | If Then    |  |
| Route Details:              | If all current RU members are displayed in PR310_01-PR310_N, go to BOX_190.                               |                           |             |            |  |
|                             | Otherwise, continue with PR320_01.  |                           |             |            |  |
|                             |   |                           |             |            |  |
| <u>PR320_01</u>             | <u>(PR1280)</u>   | <b>BLAISE NAME:</b> OthMn | ıbGovProg   |            |  |
| Item Type:                  | Question  | Field kind: Datafield     | ArrayMin:   | Min value: |  |
| Type Class:                 | Enumerated  | Field Size:               |             |            |  |
| Answer Type:                | TYESNO  | Answers allowed: 1        | ArrayMax:   | Max value: |  |
|                             |   |                           |             |            |  |

✓ Help Available (INSTYPESHelp)

 $\Box$  Show Card ( )

Look Up File ( )

## **Question Text:**

Besides the people we've just talked about, please think about whether any additional household members have been covered by a program sponsored by a state or local government agency which provides physician benefits <u>at any time {since {START DATE}/between {START DATE}</u> and {END DATE}}?

{Have you/Has {PERSON 1}} been covered by a program like this <u>at any time {since {START DATE}</u>/between {START DATE} and {END DATE}?

HELP: F1

| YES 1         |
|---------------|
| NO            |
| REFUSED RF    |
| DON'T KNOW DK |
|               |

| Programmer<br>Instructions: | Preloaded grid type 1: Forced navigation including PR320_01, PR320_02, PR320_03, PR320<br>_04, PR320_N.<br>After grid completion, continue with BOX_190.<br>For each person coded '1' (YES), create insurance through Gov't-Hospital/Physician for this<br>person [set Insurance.HIPubPriv=Public and Insurance.HISrc=GHP and<br>Insurance.HISrcName= GOVT-HOS/PHY-{PROGRAM NAME FROM HX160/HX270}'<br>(Preload.GHPProgNameRndCreated) and Insurance.Plcyhldr = PersID and   |  |  |  |  |
|-----------------------------|--|--|--|--|--|
| Display<br>Instructions:    | CoverageFlagList.InsSrcN=YES for this PersID] [set Create Q and OrigRnd]<br>Roster 1-Report no add/edit/delete allowed.  |  |  |  |  |
|                             | Format the following columns on the form pane.<br>Col#1: RU Member<br>Instructions: Display RU members' First Middle and Last name (Person.FullName)   |  |  |  |  |
|                             | Roster Filter:<br>Display only those RU members who were not covered GOV'T- HOSPITAL/PHYSICIAN at any<br>time during the previous round (including newly added RU members), that is any RU<br>member not displayed at PR310_01.  |  |  |  |  |
|                             | Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.   |  |  |  |  |
|                             | Display variable question text. Replace "{Have you/Has {PERSON 1}} been covered and {END DATE}}?" with:<br>PR320_02: What about {PERSON 2}? PR320_03: What about {PERSON 3}?<br>PR320_04: What about {PERSON N}? Has {he/she} been covered by a program sponsored by a state or local government agency which provided hospital and physician benefits <u>at any time</u><br>{since {START DATE}/between {START DATE} and {END DATE}}?<br>PR320_N: Repeat question text PR320_02-PR320_N for as many RU members that fit the roster filter criteria. |  |  |  |  |
|                             | Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.   |  |  |  |  |
|                             | Display first paragraph of question text in brackets and grayed out text when on PR320_02 – PR320_N. Display in bold black and no brackets when on PR320_01.   |  |  |  |  |
| Testing/Editing<br>Notes:   | Variable collected at MEPSSpring2018.HX_Main.PR_Main<br>Variable stored at MEPSSpring2018.HX_Main.PR_Main  |  |  |  |  |

| MEPS_V2<br>Full Detail Spec |  |                  | Old Public Related Insurance (PR) Section |
|-----------------------------|--|------------------|---|
| <u>BOX 190</u>              | <u>(PR1285)</u>  | Item Type: Route | Type Class: If Then                       |
| Route Details:              | If at least one RU member is "COVERED BY GOV'T- HOSPITAL/PHYSICIAN" during<br>the current round, that is, at least one RU member was coded '1' (YES) at PR310_01-310<br>_N or PR320_01-320_N, continue with BOX_200.<br>Otherwise, go to BOX_240.  |                  |   |
| BOX_200                     | <u>(PR1290)</u>  | Item Type: Route | Type Class: If Then                       |
| Route Details:              | Ask the time period covered detail (HQ) section for this insurance.<br>This instance of the HQ section collects time period coverage detail for all RU members that are covered by Gov't-Hospital/Physician in the current round. The grid for the HQ section should be preloaded with insurance that meets both of the following conditions:<br>-Insurance source is GOV'T-HOSPITAL/PHYSICIAN [Insurance.HISrc=GHP] And<br>-Person is "COVERED BY GOV'T-HOSPITAL/PHYSICIAN" during the current round, that is, either PR310_01 – PR310_N or PR320_01-PR320_N is coded '1' (YES) for this person.<br>At completion of HQ section, continue with PR330. |                  |   |

| R) Section |
|------------|
|            |
|            |
|            |
|            |
|            |
| _          |

Help Available ( )

 $\Box$  Show Card ( )

 $\Box$  Look Up File ( )

### **Question Text:**

{Last time we recorded that {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} may be covered by {PRELOAD GOVT-HOSP/PHYS INSURER}.}

{Since {START DATE}/Between {START DATE} and {END DATE}}, has there been any change in the plan name of the health insurance {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} {has/have} through the program sponsored by a state or local government agency which provides hospital and physician benefits?

| <b>Responses:</b> | YES        |    | PR340   | (PR1300) |
|-------------------|------------|----|---------|----------|
|                   | NO         |    | BOX_210 | (PR1315) |
|                   | REFUSED    | RF | BOX_210 | (PR1315) |
|                   | DON'T KNOW | DK | BOX_210 | (PR1315) |

MEPS V2 **Old Public Related Insurance (PR) Section Full Detail Spec** If coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW), set previous round's insurer as Programmer 'CURRENT RD'S GOVT-HOSP/PHYS INSURER'. [Set Preload.Insurance.Insurer to **Instructions:** Insurance.Insurer] Display Roster 1- Report **Instructions:** Roster definition: This item uses the insurance array to display RU-members. (Person.Fullname) Roster filter: Display only those RU members who are "COVERED BY GOVT- HOSPITAL/PHYSICIAN" during the current round, that is either PR310 01 - PR310 N or PR320 01-PR320 N is coded '1' (YES) for this person.. Display first names only in the first sentence "Last time we recorded...." Substitute "you" for the person's first name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and". Display RU members' first, middle, and last names (Person.FullName) in the second sentence "{Since {START DATE}/Between {START DATE} and {END DATE}}...." Substitute "you" for the person's name if the respondent is included in this list. See instructions above about when to use commas vs. "and" to separate names. Display 'Last time.... {PRELOAD GOVT-HOSP/PHYS INSURER}.' if there was an insurer associated with Govt-Hospital/Physician in the previous round (Preload.Insurance.Insurer <> RF, DK or EMPTY). Otherwise, use a null display. For 'PRELOAD GOVT-HOSP/PHYS INSURER', display the insurer recorded for Govt-Hospital/Physician during the previous round (Preload.Insurance.Insurer). Display 'Since {START DATE}' if not round 5. Display 'Between {START DATE} and {END DATE}' if round 5. Display 'has' if only one name is listed and that person is not the current respondent. Otherwise, display 'have'.

Testing/EditingVariable collected at MEPSSpring2018.HX\_Main.PR\_MainNotes:Variable stored at MEPSSpring2018.HX\_Main.PR\_Main

| MEPS_V2                                |            |                       | Old Public Related Insurance (PR) Section |            |  |
|--|------------|-----------------------|---|------------|--|
| Full Detail Spec                       |            |                       |   |            |  |
| PR340 (PR1300) BLAISE NAME: GovProgHMO |            |                       |   |            |  |
| Item Type:                             | Question   | Field kind: Datafield | ArrayMin:                                 | Min value: |  |
| Type Class:                            | Enumerated | Field Size:           |   |            |  |
| Answer Type:                           | THMOSIGND  | Answers allowed: 1    | ArrayMax:                                 | Max value: |  |
|  |            |                       |   |            |  |

| ✓ | Help | Available | (HMOHelp) |
|---|------|-----------|-----------|
|---|------|-----------|-----------|

 $\Box$  Show Card ( )

Look Up File ( )

### **Question Text:**

Under the program sponsored by a state or local government agency which provides hospital and physician benefits {{are/is}/{were/was}} {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} enrolled in an HMO, that is a Health Maintenance Organization {between{START DATE} and {END DATE}}?

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

#### HELP:F1

| Responses:                | YES, ALL ARE 1   | PR360   | (PR1310)   |
|---------------------------|--|---|--|
|                           | YES, SOME ARE 2  | 11000   | (PR1310)   |
|                           | NO, NONE ARE   | PR350   | (PR1305)   |
|                           | REFUSED RF   | PR350   | (PR1305)   |
|                           | DON'T KNOW DK  | PR350   | (PR1305)   |
|                           |  |   |  |
| Display<br>Instructions:  | Roster 1- Report Roster definition:<br>Use PR330 definition.   |   |  |
|                           | Roster filter:<br>Use PR330 filter.  |   |  |
|                           | Display RU members' first, middle, and last names (Pe<br>Substitute "you" for the person's name if the respond<br>two names displayed, separate names with the word '<br>two names listed, separate names using commas, exce<br>displayed. Between the last two names displayed, sep | ent is included in th<br>'and" and no comm<br>ept for between the | is list. If exactly<br>a. If more than<br>last two names |
|                           | Display '{are/is}' if not round 5. Display '{were/was}' if   | round 5.  |  |
|                           | Display 'is' or 'was' if the list includes 1 person who is r<br>'are' or 'were'.   | not the respondent.   | Otherwise, display                                       |
|                           | Display 'between {START DATE} and {END DATE}' if rou   | nd 5. Otherwise, use  | a null display.  |
|                           |  |   |  |
| Testing/Editing<br>Notes: | Variable collected at MEPSSpring2018.HX_Main.PR_<br>Variable stored at MEPSSpring2018.HX_Main.PR_M   |   |  |

| MEPS_V2<br>Full Detail Spec |                 |                       | Old Public  | Related Insurance (PR) Section |
|-----------------------------|-----------------|-----------------------|-------------|--------------------------------|
| <u>PR350</u>                | <u>(PR1305)</u> | BLAISE NAME: GovPr    | ogPrimaryMD |                                |
| Item Type:                  | Question        | Field kind: Datafield | ArrayMin:   | Min value:                     |
| Type Class:                 | Enumerated      | Field Size:           |             |                                |
| Answer Type:                | THMOSIGND_1     | Answers allowed: 1    | ArrayMax:   | Max value:                     |
| ✓ Help Available            | (PROGDRHelp)    | □ Show C              | ard (       | Look Up File ( )               |

#### **Question Text:**

{Does/Between {START DATE} and {END DATE}, did} the program sponsored by a state or local government agency which provides hospital and physician benefits require {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

HELP: F1

| <b>Responses:</b> | YES, ALL REQUIRED 1  | PR360   | (PR1310) |
|-------------------|----------------------|---------|----------|
|                   | YES, SOME REQUIRED 2 | PR360   | (PR1310) |
|                   | NO, NONE REQUIRED 3  | BOX_210 | (PR1315) |
|                   | REFUSED RF           | BOX_210 | (PR1315) |
|                   | DON'T KNOW DK        | BOX_210 | (PR1315) |

| MEPS_V2          |
|------------------|
| Full Detail Spec |

| Programmer<br>Instructions: | Note: If coded '3' (NO, NONE REQUIRED), 'RF' (REFUSED), or 'DK' (DON'T KNOW), there is no insurer associated with the current round for Govt-Hospital/Physician.  |
|-----------------------------|---|
| Display<br>Instructions:    | Roster 1- Report<br>Roster definition:<br>Use PR330 definition.<br>Roster filter:<br>Use PR330 filter.<br>Display RU members' first, middle, and last names (Person.FullName) in the question text.<br>Substitute "you" for the person's name if the respondent is included in this list. If exactly<br>two names displayed, separate names with the word "and" and no comma. If more than<br>two names listed, separate names using commas, except for between the last two names<br>displayed. Between the last two names displayed, separate names using the word "and".<br>Display 'Does' if not round 5. Display 'Between {START DATE} and {END DATE}, did' if round<br>5. |

| <b>Testing/Editing</b> | Variable collected at MEPSSpring2018.HX_Main.PR_Main |
|------------------------|--|
| Notes:                 | Variable stored at MEPSSpring2018.HX_Main.PR_Main    |

| <u>PR360</u> | <u>(PR1310)</u>   | BLAISE NAME: GovPre     | ogPlanName |            |
|--------------|-------------------|-------------------------|------------|------------|
| Item Type:   | Question          | Field kind: Datafield   | ArrayMin:  | Min value: |
| Type Class:  | String            | Field Size: 40          |            |            |
| Answer Type: | {Continuous Answe | er.} Answers allowed: 1 | ArrayMax:  | Max value: |

 $\Box$  Help Available ( )

 $\Box$  Show Card ( )

 $\Box$  Look Up File ( )

### **Question Text:**

What is the name of the {HMO/health insurance} from the program sponsored by a state or local government agency which provides hospital and physician benefits?

### ENTER PLAN NAME

| <b>Responses:</b> |            |    | BOX_210 | (PR1315) |
|-------------------|------------|----|---------|----------|
|                   | REFUSED    | RF | BOX_210 | (PR1315) |
|                   | DON'T KNOW | DK | BOX_210 | (PR1315) |

| MEPS_V2<br>Full Detail Spec | Old Public Related Insurance (PR) Section   |
|-----------------------------|---|
| Programmer<br>Instructions: | Set Insurance.Insurer to PR360  |
| Display<br>Instructions:    | Display 'HMO' if PR330 is coded '1' (YES, ALL ARE) or '2' (YES, SOME ARE). Display 'health insurance' if PR350 coded '1' (YES, ALL REQUIRED) or '2' (YES, SOME REQUIRED). |
| Testing/Editing<br>Notes:   | Variable collected at MEPSSpring2018.HX_Main.PR_Main<br>Variable stored at MEPSSpring2018.HX_Main.PR_Main   |
| <u>BOX_210</u>              | (PR1315) Item Type: Route Type Class: If Then   |
| Route Details:              | If round 2, round 3, or round 4, continue with PR370.<br>Otherwise, (i.e., if round 5), go to BOX_240.  |

| MEPS_V2          |                 |                         | Old Public Related Insurance (PR) Section |            |  |
|------------------|-----------------|-------------------------|---|------------|--|
| Full Detail Spec |                 |                         |   |            |  |
| <u>PR370</u>     | <u>(PR1320)</u> | BLAISE NAME: GovPro     | ogPayPrem                                 |            |  |
| Item Type:       | Question        | Field kind: Datafield   | ArrayMin:                                 | Min value: |  |
| Type Class:      | Enumerated      | Field Size:             |   |            |  |
| Answer Type:     | TWHOCOVER       | EDPA Answers allowed: 1 | ArrayMax:                                 | Max value: |  |
|                  |                 |                         |   |            |  |

✓ Help Available (PREMPAYHelp)

 $\Box$  Show Card ( )

 $\Box$  Look Up File ( )

#### **Question Text:**

Is there a monthly premium for {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} for the coverage through {{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}/the program sponsored by a state or local government agency which provides hospital and physician benefits}?

[Do not include the cost of any copayments, coinsurance, or deductibles anyone in the family may have had to pay.]

READ IF NECESSARY: A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs.

HELP: F1

| <b>Responses:</b> | YES, EVERYONE COVERED PAYS 1 | BOX_220 | (PR1330) |
|-------------------|------------------------------|---------|----------|
|                   | YES, SOME COVERED PAY 2      | PR380   | (PR1325) |
|                   | NO, NO ONE COVERED PAYS 3    | BOX_240 | (PR1365) |
|                   | REFUSED RF                   | BOX_240 | (PR1365) |
|                   | DON'T KNOW DK                | BOX_240 | (PR1365) |

Notes:

Programmer Placeholder for MHOP specifications. This will be deleted once those specifications are **Instructions:** available. If coded '1' (YES, EVERYONE COVERED PAYS) at PR370 (HOME.PRMEDPRE), code PRND.GOVMNTHP for each person in the roster at PR370 as '1' (PAYS FOR COVERAGE **DURING THE CURRENT ROUND.)** If coded '3' (NO, NO ONE COVERED PAYS) at PR370 (HOME.PRMEDPRE), code PRND.GOVMNTHP for each person in the roster at PR370 as '2' (DOES NOT PAY FOR COVERAGE DURING THE CURRENT ROUND.) If coded RF or DK or -9 (WHETHER EVERYONE IS COVERED IS MISSING) at PR370 (HOME.PRMEDPRE), code PRND.GOVMNTHP equal to the missing value in HOME.PRMEDPRE for each person in the PR370 roster. Leave PRND.MEDGOVP blank (no value) for any RU member not on the roster at PR370. Display Roster 1- Report **Instructions:** Roster definition: Use PR330 definition. Roster filter: Use PR330 filter. Display RU members' first, middle, and last names (Person.FullName) in guestion text. Substitute "you" for the person's name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and". Display '{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}' if there is a current round insurer associated with the Gov't-Hospital/Physician insurance that is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR330=2, RF, DK and there was a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR360 was answered, the current insurer was set there). Otherwise, display 'the program sponsored by a state or local government agency which provides hospital and physician benefits '. For '{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}', display the actual plan name for the current round Gov't-Hospital/Physician insurer (Insurance.Insurer). This may be a preloaded value set to the current value or the value entered at PR360. **Testing/Editing** 

Variable collected at MEPSSpring2018.HX\_Main.PR\_Main Variable stored at MEPSSpring2018.HX\_Main.PR\_Main

| MEPS_V2            |                          |                        | Old Pu    | blic Related | Insurance (PR) Section |
|--------------------|--------------------------|------------------------|-----------|--------------|------------------------|
| Full Detail Spec   |                          |                        |           |              |                        |
| <u>PR380</u>       | <u>(PR1325)</u>          | BLAISE NAME: GovPro    | gPayPremF | Roster       |                        |
| Item Type:         | Question                 | Field kind: Datafield  | ArrayMi   | n: Min       | value:                 |
| Type Class:        | Enumerated               | Field Size:            |           |              |                        |
| Answer Type:       | TFIRSTMIDLAST            | NA Answers allowed: 99 | ArrayMa   | x: Max       | value:                 |
| ☐ Help Available ( | )                        | $\Box$ Show Card (     | )         |              | □ Look Up File ( )     |
| Question Text:     |                          |                        |           |              |                        |
| Who has a monthly  | premium for that co      | overage?               |           |              |                        |
| PROBE: Anyone el   | se?                      |                        |           |              |                        |
| ENTER ALL THAT     | APPLY.                   |                        |           |              |                        |
| Responses:         | {FIRST NAME []<br>NAME}1 | MIDDLE NAME] LAST      | 1         | BOX_220      | (PR1330)               |
|                    | {FIRST NAME []<br>NAME}2 | MIDDLE NAME] LAST      | 2         | BOX_220      | (PR1330)               |
|                    | ,                        | MIDDLE NAME] LAST      | 3         | BOX_220      | (PR1330)               |
|                    | ,                        | MIDDLE NAME] LAST      | 4         | BOX_220      | (PR1330)               |
|                    | ,                        | MIDDLE NAME] LAST      | 5         | BOX_220      | (PR1330)               |

NAME}N

| Programmer<br>Instructions: | Roster Behav<br>1. Multiple s  | vior:<br>elect allowed.                                 |   |
|-----------------------------|--------------------------------|---|---|
|                             | Following se                   | ttings may be required during                           | MHOP rather than CAPI:  |
|                             |                                | GOVMNTHP as '1' (PAYS F<br>all persons from the PR380 r | OR COVERAGE DURING THE CURRENT oster who are selected.              |
|                             |                                |   | OT PAY FOR COVERAGE DURING THE e PR370 roster who are not selected. |
|                             | Leave PRND                     | D.MEDGOVP blank (no value)                              | for any RU member not on the roster at PR380.                       |
|                             |                                |   |   |
| Display<br>Instructions:    | Roster 2 - no                  | add/edit/delete.  |   |
|                             | Roster defini<br>Use PR330 d   |   |   |
|                             | Roster filter:<br>Use PR330 fi | lter.   |   |
| Testing/Editing<br>Notes:   |                                | ected at MEPSSpring2018.H2<br>ed at MEPSSpring2018.HX_1 |   |
| BOX 220                     | <u>(PR1330)</u>                | Item Type: Route  | Type Class: If Then   |
| Route Details:              | If round 3, co                 | ontinue with PR390.                                     |   |
|                             | Otherwise, g                   | o to PR410.   |   |

| MEPS_V2          |                 |                             | Old Public | Related Insurance (PR) Section |
|------------------|-----------------|-----------------------------|------------|--------------------------------|
| Full Detail Spec |                 |                             |            |                                |
| <u>PR390</u>     | <u>(PR1335)</u> | BLAISE NAME: GovPre         | ogAmt      |                                |
| Item Type:       | Question        | Field kind: Datafield       | ArrayMin:  | Min value: 0                   |
| Type Class:      | Real            | Field Size: 9,2             |            |                                |
| Answer Type:     | {Continuous A   | nswer. } Answers allowed: 1 | ArrayMax:  | Max value: 9999999.99          |

Help Available ( )

 $\Box$  Show Card ( )

 $\Box$  Look Up File ( )

## **Question Text:**

How much is the premium for {the {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}/that} coverage?

IF MORE THAN ONE PERSON PAYS A PREMIUM FOR THIS COVERAGE, SAY: Please give me the total amount for premiums paid by all individuals with this coverage.

USE CTRL+Z TO ACCESS CALCULATOR TO ADD ALL PREMIUMS.

### ENTER AMOUNT

| <b>Responses:</b>           |   |                           | PR400   | (PR1340)                                 |
|-----------------------------|---|---------------------------|---|--|
|                             | REFUSED   | RF                        | PR410   | (PR1350)                                 |
|                             | DON'T KNOW  | DK                        | PR410   | (PR1350)                                 |
| Programmer<br>Instructions: | Allow for the entry of dollars and cents.   |                           |   |  |
| Display<br>Instructions:    | Display PR390, PR400 and PR400OS on the same  | form                      | bane.   |  |
|                             | Display 'the {CURRENT ROUND'S INSURER FOR GO<br>there is a current round insurer associated with t<br>is not 'RF' or 'DK' or EMPTY. (Check Insurance.Ins<br>preloaded insurer, the preloaded insurer was set<br>answered, the current insurer was set there). Oth | he Go<br>urer –<br>to the | v't-Hospital/Physi<br>if PR330=2, RF, D<br>e current insurer. ( | cian insurance that<br>K and there was a |
|                             | For '{CURRENT ROUND'S INSURER FOR GOVT- HC<br>the actual plan name for the current round Gov't<br>(Insurance.Insurer). This may be a preloaded valu<br>entered at PR360.  | -Hosp                     | ital/Physician insu   | rer                                      |
| Testing/Editing<br>Notes:   | Variable collected at MEPSSpring2018.HX_Main Variable stored at MEPSSpring2018.HX_Main.P  |                           |   |  |

MEPS\_V2 **Old Public Related Insurance (PR) Section Full Detail Spec PR400** (PR1340) BLAISE NAME: GovProgUnit Item Type: Question Field kind: Datafield ArrayMin: Min value: **Type Class:** Enumerated Field Size: Answer Type: TCOVERAGETIME Answers allowed: 1 ArrayMax: Max value:

Help Available ( )

 $\Box$  Show Card ( )

 $\Box$  Look Up File ( )

#### **Question Text:**

[How much is the premium for {the {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}/that} coverage?

IF MORE THAN ONE PERSON PAYS A PREMIUM FOR THIS COVERAGE, SAY: Please give me the total amount for premiums paid by all individuals with this coverage.

USE CTRL+Z TO ACCESS CALCULATOR TO ADD ALL PREMIUMS.]

Is that per year, per month, per week, or what?

ENTER UNIT OF COVERAGE

| Responses: | PER YEAR 1                         | PR410   | (PR1350) |
|------------|------------------------------------|---------|----------|
|            | EVERY 3 MONTHS (QUARTERLY) 2       | PR410   | (PR1350) |
|            | EVERY 2 MONTHS (BIMONTHLY) 3       | PR410   | (PR1350) |
|            | PER MONTH 4                        | PR410   | (PR1350) |
|            | PER WEEK                           | PR410   | (PR1350) |
|            | EVERY 2 WEEKS (BIWEEKLY) 6         | PR410   | (PR1350) |
|            | 2 TIMES PER YEAR (SEMI-ANNUALLY) 7 | PR410   | (PR1350) |
|            | 2 TIMES PER MONTH (SEMI-MONTHLY) 8 | PR410   | (PR1350) |
|            | OTHER                              | PR400OS | (PR1345) |
|            | REFUSED RF                         | PR410   | (PR1350) |
|            | DON'T KNOW DK                      | PR410   | (PR1350) |
|            |                                    |         |          |

| Display<br>Instructions:   | Display PR390, PR400 and PR400OS on the same form pane.<br>Display "How much ADD ALL PREMIUMS." in brackets and grayed out text.<br>Display 'the {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}' if<br>there is a current round insurer associated with the Gov't-Hospital/Physician insurance that<br>is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR330=2, RF, DK and there was a<br>preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR360 was<br>answered, the current insurer was set there). Otherwise, display 'that'. |   |                        |                          |  |
|--|--|---|------------------------|--------------------------|--|
|  |  |   |                        |                          |  |
|  |  |   |                        |                          |  |
|  | For '{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}', display<br>the actual plan name for the current round Gov't-Hospital/Physician insurer<br>(Insurance.Insurer). This may be a preloaded value set to the current value or the value<br>entered at PR360.  |   |                        |                          |  |
| Testing/Editing<br>Notes:  |  | at MEPSSpring2018.HX<br>MEPSSpring2018.HX_M   |                        |                          |  |
| PR400OS  | <u>(PR1345)</u>  | BLAISE NAME: GovPre   | ogUnitOS               |                          |  |
|  |  |   |                        |                          |  |
| Item Type:   | Question   | Field kind: Datafield   | ArrayMin:              | Min value:               |  |
|  |  | Field kind: Datafield<br>Field Size: 30   | ArrayMin:              | Min value:               |  |
| Item Type:   | Question<br>String   |   | ArrayMin:<br>ArrayMax: | Min value:<br>Max value: |  |
| Item Type:<br>Type Class:  | Question<br>String<br>{Continuous Answe  | Field Size: 30  | ArrayMax:              |                          |  |
| Item Type:<br>Type Class:<br>Answer Type:  | Question<br>String<br>{Continuous Answe  | Field Size: 30<br>r.} Answers allowed: 1  | ArrayMax:              | Max value:               |  |
| Item Type:<br>Type Class:<br>Answer Type:<br>Help Available (<br>Question Text:  | Question<br>String<br>{Continuous Answe  | Field Size: 30<br>r.} Answers allowed: 1  | ArrayMax:              | Max value:               |  |
| Item Type:<br>Type Class:<br>Answer Type:<br>Help Available (<br>Question Text:<br>[How much is the pro-<br>coverage?<br>IF MORE THAN ONE  | Question<br>String<br>{Continuous Answe  | Field Size: 30<br>r.} Answers allowed: 1<br>Show Card (<br>RRENT ROUND'S INSURER  | ArrayMax:              | Max value:               |  |
| Item Type:<br>Type Class:<br>Answer Type:<br>Help Available (<br>Question Text:<br>[How much is the pro-<br>coverage?<br>IF MORE THAN ONE<br>premiums paid by a                      | Question<br>String<br>{Continuous Answe<br>( )<br>remium for {the {CUR<br>PERSON PAYS A PRE<br>Il individuals with thi   | Field Size: 30<br>r.} Answers allowed: 1<br>Show Card (<br>RRENT ROUND'S INSURER  | ArrayMax:              | Max value:               |  |
| Item Type:<br>Type Class:<br>Answer Type:<br>Help Available (<br>Question Text:<br>[How much is the pro-<br>coverage?<br>IF MORE THAN ONE<br>premiums paid by a                      | Question<br>String<br>{Continuous Answe<br>()<br>remium for {the {CUR<br>EPERSON PAYS A PRE<br>Il individuals with thi<br>ESS CALCULATOR TO  | Field Size: 30<br>r.} Answers allowed: 1<br>Show Card (<br>RRENT ROUND'S INSURER<br>MIUM FOR THIS COVERA<br>s coverage. | ArrayMax:              | Max value:               |  |
| Item Type:<br>Type Class:<br>Answer Type:<br>Help Available (<br>Question Text:<br>[How much is the pro-<br>coverage?<br>IF MORE THAN ONE<br>premiums paid by a<br>USE CTRL+Z TO ACC | Question<br>String<br>{Continuous Answe<br>()<br>remium for {the {CUR<br>EPERSON PAYS A PRE<br>Il individuals with thi<br>ESS CALCULATOR TO  | Field Size: 30<br>r.} Answers allowed: 1<br>Show Card (<br>RRENT ROUND'S INSURER<br>MIUM FOR THIS COVERA<br>s coverage. | ArrayMax:              | Max value:               |  |

| <b>Responses:</b> |            |    | PR410 | (PR1350) |
|-------------------|------------|----|-------|----------|
|                   | REFUSED    | RF | PR410 | (PR1350) |
|                   | DON'T KNOW | DK | PR410 | (PR1350) |

| Display<br>Instructions: | Display PR390, PR400 and PR400OS on the same form pane.  |
|--------------------------|--|
|                          | Display "How much ADD ALL PREMIUMS." in brackets and grayed out text.  |
|                          | Display 'the {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}' if<br>there is a current round insurer associated with the Gov't-Hospital/Physician insurance that<br>is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR330=2, RF, DK and there was a<br>preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR360 was<br>answered, the current insurer was set there). Otherwise, display 'that'. |
|                          | For '{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}', display<br>the actual plan name for the current round Gov't-Hospital/Physician insurer<br>(Insurance.Insurer). This may be a preloaded value set to the current value or the value<br>entered at PR360.  |

| <b>Testing/Editing</b> | Variable collected at MEPSSpring2018.HX_Main.PR_Main |
|------------------------|--|
| Notes:                 | Variable stored at MEPSSpring2018.HX_Main.PR_Main    |

| <u>PR410</u> | <u>(PR1350)</u> | BLAISE NAME: GovPre   | ogSubsdz  |            |
|--------------|-----------------|-----------------------|-----------|------------|
| Item Type:   | Question        | Field kind: Datafield | ArrayMin: | Min value: |
| Type Class:  | Enumerated      | Field Size:           |           |            |
| Answer Type: | TYESNO          | Answers allowed: 1    | ArrayMax: | Max value: |

Help Available ( )

 $\Box$  Show Card ( )

Look Up File ( )

## **Question Text:**

## {PLAN NAME: {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}}

Is the cost of the premium subsidized based on family income?

| <b>Responses:</b> | YES 1         | BOX_230 | (PR1355) |
|-------------------|---------------|---------|----------|
|                   | NO            | BOX_230 | (PR1355) |
|                   | REFUSED RF    | BOX_230 | (PR1355) |
|                   | DON'T KNOW DK | BOX_230 | (PR1355) |

| Display<br>Instructions:  | Display 'PLAN NAME: {CURRENT ROUND'S INSURER FOR GOVT-<br>HOSPITAL/PHYSICIAN}' if<br>there is a current round insurer associated with the Gov't-Hospital/Physician insurance that is<br>not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR330=2, RF, DK and there was<br>a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR360 was<br>answered, the current insurer was set there). Otherwise, use a null display.<br>For '{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}', display<br>the actual plan name for the current round Gov't-Hospital/Physician insurer<br>(Insurance.Insurer). This may be a preloaded value set to the current value or the value<br>entered at PR360. |  |  |  |  |  |
|---------------------------|---|--|--|--|--|--|
|                           |   |  |  |  |  |  |
| Testing/Editing<br>Notes: | Variable collected at MEPSSpring2018.HX_Main.PR_Main<br>Variable stored at MEPSSpring2018.HX_Main.PR_Main   |  |  |  |  |  |
| <u>BOX_230</u>            | (PR1355) Item Type: Route Type Class: If Then   |  |  |  |  |  |
| Route Details:            | [If round 3]<br>and<br>[If HX180 or HX280 was coded '1' (YES, PLAN IS EXCHANGE) the round the Gov't-<br>Hospital/Physician insurance was created (Preload.Insurance.HX180AnsRndCreated or<br>Preload.Insurance.HX280AnsRndCreated)] and<br>[PR370 is coded '1' (YES, EVERYONE COVERED PAYS) or '2' (YES, SOME<br>COVERED PAY),]<br>continue with PR420.<br>Otherwise, go to BOX_240.  |  |  |  |  |  |

| MEPS_V2<br>Full Detail Spec  |   |  | Old Public 1   | Related Insura  | nce (PR) Section                                    |  |  |
|--|---|--|--|---|---|--|--|
| PR420<br>Item Type:<br>Type Class:<br>Answer Type:   | ( <b>PR1360)</b><br>Question<br>Enumerated<br>TPLANMETL   | BLAISE NAME: GovPro<br>Field kind: Datafield<br>Field Size:<br>Answers allowed: 1  | ogMetalPlan<br>ArrayMin:<br>ArrayMax:  | Min value:<br>Max value:  |   |  |  |
| ✓ Help Available   | (METALPLANS)  | Help)  Show  | Card ()  |   | k Up File ( )                                       |  |  |
| Question Text:   |   |  |  |   |   |  |  |
| Is {the {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN} plan/this plan} a platinum, gold, silver, bronze, or catastrophic plan? |   |  |  |   |   |  |  |
|  |   |  |  |   | HELP: F1  |  |  |
| Responses:<br>Display<br>Instructions:   | GOLD PLAN<br>SILVER PLAN<br>BRONZE PLA<br>CATASTROP<br>IF VOLUNTE<br>REFUSED<br>DON'T KNOW<br>Display 'the {C<br>plan'<br>if there is a cur<br>is not 'RF' or '<br>was a preloade<br>answered, the of<br>For '{CURRENT<br>the actual plan | HIC PLAN<br>HIC PLAN<br>ERED: SOMETHING ELSE<br>CURRENT ROUND'S INSUF<br>rent round insurer associated<br>DK' or EMPTY. (Check Insu<br>d insurer, the preloaded insure<br>current insurer was set there).<br>ROUND'S INSURER FOR GOV<br>n name for the current round<br>urer). This may be a preloaded | 2 BO<br>3 BO<br>3 BO<br>4 BO<br>4 BO<br>5 BO<br>6 BO<br>6 BO<br>7 RF BO<br>7 RF BO<br>7 RF BO<br>8 RER FOR GOVT<br>with the Gov't-H<br>rance.Insurer – i<br>er was set to the o<br>Otherwise, displ<br>T- HOSPITAL/PH'<br>Gov't-Hospital/P | X_240<br>X_240<br>X_240<br>X_240<br>X_240<br>X_240<br>X_240<br>Y- HOSPITAL/P<br>Iospital/Physicia<br>f PR330=2, RF,<br>current insurer. (<br>ay 'this plan'.<br>YSICIAN}', displa<br>hysician insurer | n insurance that<br>DK and there<br>Or if PR360 was |  |  |
| Testing/Editing<br>Notes:  | Variable collected at MEPSSpring2018.HX_Main.PR_Main<br>Variable stored at MEPSSpring2018.HX_Main.PR_Main   |  |  |   |   |  |  |
| <u>BOX 240</u>   | <u>(PR1365)</u>   | Item Type: Route   | Type Class:  | If Then   |   |  |  |
| Route Details:   | Return to the H   | Health Insurance (HX) section  |  |   |   |  |  |

[End of PR]